

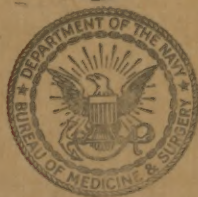
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# MANUAL of the MEDICAL DEPARTMENT United States Navy

*Published by the  
Bureau of Medicine and Surgery  
Under the Authority of the  
Secretary of the Navy*

NAVMED - 117 (REV. 1945)



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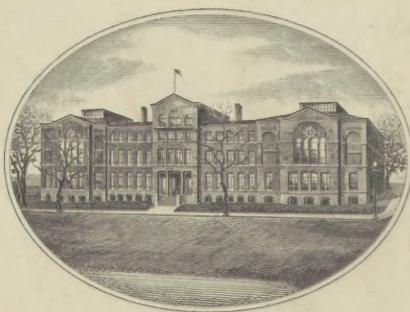
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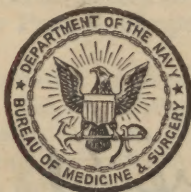
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Surgeon General's Office  
Pentagon, 2E2638  
Washington, D. C.

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United States Government Printing Office

NAVY DEPARTMENT

25 September 1945

1. In accordance with the provisions and requirements of Articles 74 and 75, *U. S. Navy Regulations, 1920*, the *Manual of the Medical Department* (1945) is issued for the information and guidance of all persons in the naval establishment.

2. The *Manual of the Medical Department* (1945) supersedes all prior editions.

*Ross J. M. Little*

*Surgeon General of the Navy.*

Approved:

*James Forrestal*

*Secretary of the Navy.*

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## EXPLANATION OF PARAGRAPH NUMBERS

This manual is divided into six *parts* with from one to five *chapters* in each part (see Table of Contents). Three chapters (Part I, Chapter 2; Part I, Chapter 6; and Part III, Chapter 5) contain *titled subdivisions* designated by capital letters; for example, Part I, Chapter 6A. Each chapter in the manual is also organized around *sections* denoted by Roman numerals and given a title. These *section numbers* and titles appear in the Table of Contents and again in the tabulation at the head of each chapter but are *not* included in the paragraph numbering system.

Each paragraph number is a key to the part and chapter of the manual in which it appears. The first figure in each paragraph number refers to the part, the second to the chapter, and the remaining figures to the sequence of paragraphs within the chapter. Thus, paragraph number 1417 is the seventeenth paragraph in the fourth chapter of the first part of the manual (Part I, Chapter 4, Paragraph 17). When, as noted above, a chapter has further titled subdivisions designated by a capital letter, this letter appears in the paragraph number. Accordingly, the number 12B20 refers to Part I, Chapter 2B, Paragraph 20; 12C20 refers to Part I, Chapter 2C, Paragraph 20; and so on.

Subparagraphs are designated by Arabic numerals in series preceded by a decimal point (145.1). Thus, 16A10.2 is the second subparagraph of the tenth paragraph in Chapter 6A of Part I. The decimal point in such a paragraph reference always indicates the final figure in the number of the full paragraph (in the example just cited, the tenth paragraph of the chapter).

Further subdivisions or listings within paragraphs or subparagraphs are designated by a lower case letter in parentheses (149 (a)); or by a figure in parentheses (16A12 (1)). Thus, 16A10.2 (a) is the first subdivision under the second subparagraph of the tenth paragraph in Chapter 6A of Part I. The number 149 (a) designates the first subdivision in the ninth paragraph of Part I, Chapter 4.

It should be noted that a reference to this manual consisting solely of a paragraph number is at the same time a reference to part and chapter numbers.

# TABLE OF CONTENTS

Pages

## PART I—ORGANIZATION AND PERSONNEL

<b>Chapter 1—The Medical Department</b> .....	<b>1-4</b>
Section I. Functions of the Medical Department .....	1-4
II. Organization of the Medical Department .....	4
<b>Chapter 2A—Medical Corps: Organization, Appointments, and Advancement in Rank</b> .....	<b>5-11</b>
Section I. Organization .....	5-6
II. Appointments .....	6-10
III. Advancement in Rank .....	10-11
<b>Chapter 2B—General Duties of Medical Officers</b> .....	<b>13-23</b>
Section I. Maintenance of Physical Effectiveness.....	13-14
II. Miscellaneous Duties .....	15-21
III. Professional Relations with Civilians .....	21-22
IV. Junior Medical Officers .....	22
V. Compulsory Medical, Surgical, or Dental Treatment....	22-23
VI. Civil Suits .....	23
<b>Chapter 2C—Duties of Medical Officers Afloat</b> .....	<b>25-38</b>
Section I. Fleet, Force, and Division Medical Officers.....	25-28
II. The Medical Officer of a Ship.....	28-32
III. Medical Department Duties in Emergencies.....	32-38
<b>Chapter 2D—Duties of Medical Officers Ashore</b> .....	<b>39-43</b>
Section I. Duties of District Medical Officer .....	39-40
II. The Medical Officer of a Shore Station.....	40-43
<b>Chapter 2E—Special Activities</b> .....	<b>45-53</b>
Section I. Medical Service for Amphibious Operations.....	45
II. Field Service .....	45
III. Aviation Service .....	45-48
IV. Submarine and Diving Services .....	48-52
V. Naval Advanced Base Organization.....	52-53
<b>Chapter 3—The Dental Corps</b> .....	<b>55-73</b>
Section I. Establishment and Organization .....	55
II. Appointments .....	56-58
III. Advancement in Rank .....	58-59
IV. General Duties of Dental Officers.....	60-64
V. Dental Property .....	65-66
VI. Dental Reports .....	66-68
VII. Dental Officers Afloat .....	68-69
VIII. Dental Officers Ashore .....	69-71
IX. The Naval Reserve (Dental Corps).....	72
X. Training and Publications .....	72-73
<b>Chapter 4—The Nurse Corps</b> .....	<b>75-84</b>
Section I. Organization .....	75-78
II. Duties .....	78-79
III. Compensation .....	79
IV. Assignment .....	79-80
V. Leave .....	80-82

## TABLE OF CONTENTS—Continued

	Pages
VI. Discharge .....	82-83
VII. Retirement .....	83-84
VIII. Reports and Returns .....	84
<b>Chapter 5—The Hospital Corps .....</b>	<b>85-94</b>
Section I. General Information .....	85-88
II. Duties of Hospital Corps Officers .....	88-94
<b>Chapter 6A—Naval Hospitals .....</b>	<b>95-118</b>
Section I. Establishment and Organization.....	95-96
II. The Medical Officer in Command.....	96-102
III. The Executive Officer .....	102-105
IV. Additional Administrative and Military Functions.....	105-106
V. Professional Services .....	106-114
VI. Accessory Services .....	114-117
VII. Hospital Ships .....	117-118
<b>Chapter 6B—Special Hospitals .....</b>	<b>119-132</b>
Section I. General .....	119
II. Admission of Patients to Other Government Hospitals..	119-120
III. The Army and Navy General Hospital.....	120-122
IV. The United States Naval Home .....	122-123
V. Hospitals Designated for Specialized Treatment and Naval Special Hospitals .....	124-126
VI. Hospitals for Psychotics .....	127-130
VII. Other Government Hospitals .....	130-132
<b>Chapter 6C—The National Naval Medical Center.....</b>	<b>133-137</b>
Section I. General .....	133-134
II. The Schools .....	134-135
III. Naval Medical Research Institute.....	135
IV. Laboratory Service and Supplies.....	136
V. Other Professional Services .....	136-137
<b>PART II—PHYSICAL QUALIFICATIONS AND MEDICAL RECORDS</b>	
<b>Chapter 1—Physical Examinations .....</b>	<b>139-226</b>
Section I. Physical Examination for Entry into the Naval Service— General .....	139-140
II. General Provisions Governing Physical Examinations..	140-144
III. General Physical Standards for Officers and Enlisted Persons in the Naval Service.....	144-149
IV. The Eyes .....	149-153
V. The Ears .....	153-154
VI. General Examination, Including Height, Weight, and Chest Measurement .....	154-160
VII. The Skin .....	160-161
VIII. The Head .....	161-162
IX. The Face .....	162
X. The Mouth, Nose, Fauces, Pharynx, Larynx, Trachea, and Oesophagus .....	162-163
XI. The Teeth .....	163-165
XII. The Neck .....	165

# TABLE OF CONTENTS—Continued

	Pages
XIII. The Spine .....	166
XIV. The Chest .....	166-167
XV. The Lungs .....	167-168
XVI. The Heart and Blood Vessels.....	168-173
XVII. The Abdomen .....	173
XVIII. The Perineum and the Pelvis, Including the Sacro-Iliac and Lumbo-Sacral Joints .....	173-174
XIX. The Genito-Urinary System and Venereal Disease.....	174-176
XX. The Extremities .....	176-178
XXI. The Nervous System .....	178-181
XXII. Inductees from Selective Service.....	181-182
XXIII. Physical Standards for Women.....	182-184
XXIV. Special Examinations .....	185-205
XXV. Aviation: Instructions and Requirements.....	205-226
<b>Chapter 2—Health and Identification Records .....</b>	<b>227-254</b>
Section I. Description .....	227
II. Opening of Health Record .....	227-229
III. Custody of Health Record .....	229-233
IV. Change in Rank, Rate, or Status.....	233-234
V. NAVMED-H-2 (Physical Examination) .....	234-235
VI. NAVMED-H-8 (Medical History) .....	235-240
VII. NAVMED-H-4 (Dental Record) .....	240-246
VIII. NAVMED-H-3 (Immunization Record) .....	246-247
IX. NAVMED-H-3a (Special Duty Abstract) .....	247
X. NAVMED-H-5 (Abstract of Service and Abstract of Medical History) .....	247-248
XI. NAVMED-H-9 (Aviation Medical Abstract).....	248
XII. NAVMED-H-6 (Venereal Disease Abstract) and NAV- MED-H-7 (Abstract of Antiluetic Treatment).....	248-249
XIII. Termination of Health Records.....	249-250
XIV. Identification Records .....	250-254
XV. Army Personnel .....	254
<b>Chapter 3—Statistical Reporting and Diagnostic Nomenclature.....</b>	<b>255-318</b>
Section I. Statistical Reporting—Instructions .....	255-273
II. Diagnostic Nomenclature—Instructions .....	273-277
III. Titles by Diagnostic Classes .....	279-295
IV. Alphabetical Listing of Titles .....	295-309
V. Nomenclature of Surgical Operations .....	309-312
VI. Nomenclature of Nature and Cause of Violence.....	312-318
 <b>PART III—SPECIAL RESPONSIBILITIES</b>	
<b>Chapter 1—Medical and Dental Treatment Other Than Naval.....</b>	<b>319-327</b>
Section I. Treatment and Hospitalization Other Than Naval.....	319-324
II. Services of Specialists .....	324-325
III. Special Dental Treatment .....	325-327
<b>Chapter 2—Misconduct and Line of Duty Status.....</b>	<b>329-340</b>
Section I. Importance of Misconduct and Line of Duty Status....	329-331
II. Misconduct Status .....	331-337
III. Line of Duty Status .....	337-340

# TABLE OF CONTENTS—Continued

	Pages
<b>Chapter 3—The Medical Survey</b> .....	<b>341-358</b>
Section I. Provisions Governing Medical Survey .....	341-342
II. Conditions Requiring Medical Survey .....	342-345
III. Report of Medical Survey—General .....	345-352
IV. Report of Medical Survey in Special Cases.....	352-358
<b>Chapter 4—Deaths and Resulting Duties</b> .....	<b>359-387</b>
Section I. Recording and Reporting of Death.....	359-364
II. Investigation of Death .....	365-366
III. Notification of Next of Kin.....	366-370
IV. Preparation of Remains .....	370-371
V. Transportation of Remains .....	371-375
VI. Corpse Escort .....	376-378
VII. Funeral Expenses .....	378-386
VIII. Funerals and Funeral Flags .....	386
IX. Coast Guard .....	386-387
<b>Chapter 5A—General Provisions Concerning Sanitation</b> .....	<b>389-394</b>
Section I. General .....	389
II. Food and Water Supply .....	390
III. Swimming Sites .....	390
IV. Garbage, Refuse, and Sewage Disposal.....	390
V. Lighting and Ventilation .....	391
VI. Communicable Disease Control .....	391
VII. Insect and Rodent Control .....	391-392
VIII. Sanitary Standards for Naval Facilities.....	392-394
IX. Field Sanitation .....	394
<b>Chapter 5B—Immunization</b> .....	<b>395-404</b>
Section I. General Provisions .....	395-396
II. Smallpox .....	397-398
III. Typhoid and Paratyphoid .....	398-399
IV. Tetanus .....	399-400
V. Yellow Fever .....	400-402
VI. Epidemic Typhus .....	402-403
VII. Cholera .....	403-404
VIII. Plague .....	404
<b>Chapter 5C—Quarantine Procedures</b> .....	<b>405-414</b>
Section I. General .....	405-406
II. Quarantine Relative to Ships .....	406-410
III. Quarantine Relative to Aircraft .....	410-414
<b>Chapter 5D—Sanitary, Intelligence, and Special Reports</b> .....	<b>415-426</b>
Section I. Special Reports .....	415-418
II. Quarterly Sanitary Reports, Shore Stations and Hos- pitals .....	418-421
III. Annual Sanitary Report from Ships.....	421-424
IV. Intelligence Reports .....	425-426

## PART IV—SUPERNUMERARIES AND CIVIL EMPLOYEES

<b>Chapter 1—Medical Care and Treatment of Civilians and Other Super- numeraries</b> .....	<b>427-461</b>
Section I. General Responsibilities .....	427-434
II. Dependents of Naval Personnel .....	434-438

# TABLE OF CONTENTS—Continued

	Pages
III. Civil Employees .....	438-447
IV. Other Eligible Classes .....	447-461
<b>Chapter 2—Policies Governing Civil Employees .....</b>	<b>463-470</b>
Section I. Employment of Civilians .....	463-467
II. Administration .....	467-469
III. Welfare of Employees .....	470
<b>PART V—REPORTS</b>	
<b>Chapter 1—Reports .....</b>	<b>471-504</b>
Section I. General .....	471-479
II. Records .....	480-481
III. Lettered Forms .....	481-490
IV. Numbered Forms .....	490-495
V. Reports Submitted by Letter .....	495-503
VI. Miscellaneous Forms .....	503-504
<b>PART VI—FINANCE AND PROPERTY</b>	
<b>INDEX .....</b>	<b>507</b>

## PART I—CHAPTER 1

### THE MEDICAL DEPARTMENT

	Paragraphs
Section I. FUNCTIONS OF THE MEDICAL DEPARTMENT .....	111-115
II. ORGANIZATION OF THE MEDICAL DEPARTMENT ...	116-119

#### SECTION I. FUNCTIONS OF THE MEDICAL DEPARTMENT

	Paragraph
General .....	111
Promotion of Physical Fitness .....	112
Prevention and Control of Diseases .....	113
Treatment and Care of the Sick and Injured.....	114
Administration of Medical Services .....	115

#### 111

**General.**—111.1. The Medical Department of the Navy embraces personnel trained in medical and collateral sciences, and the facilities and the administrative structure necessary to provide efficient medical service for the Navy. Although the mission of the Medical Department is broadly stated as “the maintenance of the health of the Navy and the care of the sick and injured,” a concise delineation cannot be made of the manifold objectives and duties by means of which this mission is achieved. Integration is attained through the efforts of Medical Department personnel to achieve a common purpose and through the direction of the Bureau of Medicine and Surgery,<sup>1</sup> which has the authority and responsibility for the direction of the medical services of the Navy.

111.2. The Medical Department is charged with and is responsible for maintaining the health of the Navy through the promotion of physical fitness, the prevention and control of diseases and injuries, and the treatment and care of the sick and injured. In order to fulfill this responsibility the Medical Department is actively concerned with all phases of Navy life, and through recommendations and reports advises all departments of the Navy on matters which may affect the health of naval personnel.

111.3. The administration of all professional medical services of the Navy and their concomitants is centered in the Bureau. The responsibility for coordinating and integrating the administrative and professional functions of the Medical Department is vested in the Surgeon General of the Navy, who is the Chief of the Bureau (Secs. 426, 1471, *Rev. Stat.*). He is assisted by the Assistant to Bureau, whose position is also established by law (Sec. 1375, *Rev. Stat.*, as amended). In accordance with the statutory organization of the Navy Department, the duties of the Bureau are performed under the authority of the Secretary of the Navy; thus, orders issued by the Bureau in fulfilling its responsibilities have the

<sup>1</sup> Hereafter, in this Manual, the words “the Bureau” refer to the Bureau of Medicine and Surgery. The titles of other bureaus are given in full.

full force and effect of orders issued by the Secretary (Sec. 420, *Rev. Stat.*).

## 112

**Promotion of Physical Fitness.**—112.1. It is the duty of the Medical Department to provide for physical examinations of officers and enlisted personnel of the Navy for the purpose of selecting or retaining only those whose physical and mental condition is such as to maintain or improve the military efficiency of the service.

112.2. It is a further responsibility of the Medical Department to see that the sanitary, hygienic, and dietetic standards of the Navy are such as to maintain and improve the physical fitness of the personnel.

112.3. Through indoctrination, and by means of inspections, reports, and recommendations, the Medical Department attempts to minimize the hazards of injuries which threaten the safety of military and civilian personnel of the naval establishment.

## 113

**Prevention and Control of Diseases.**—113.1. The Medical Department's responsibility in matters relating to the prevention and control of diseases is fulfilled by means of inspections, research, reports, and recommendations regarding sanitation, and by planning and effecting necessary quarantine, immunization, and other preventive measures.

113.2. Activities of the Medical Department relative to sanitation extend into fields under the jurisdiction of other departments. Because sanitation has an important bearing upon the health of the Navy, however, the Medical Department assumes the directing role.

113.3. Immunization and quarantine likewise are not the responsibility solely of the Medical Department, but, in these matters, it is necessary for personnel trained in medical and related sciences to be utilized in order that the health of the Navy may not be endangered. The Medical Department, therefore, establishes immunization procedures and adopts essential quarantine practices, both of which are effected under the supervision of Medical Department personnel.

113.4. The Medical Department keeps itself informed on threats of disease and other potential health problems which are encountered in various parts of the world. By means of research and through the publication of information on the living conditions of native populations, and on food, water, disease vectors, and other environmental factors in areas where naval personnel are or may be required to go, the Medical Department attempts to prevent, to control, or to remove dangers to the physical efficiency of the Navy. Necessary preventive measures are effected by or under the direction of such Medical Department organizations and personnel as epidemiology teams, insect and other pest control groups, and quarantine officers.

## 114

**Treatment and Care of the Sick and Injured.**—114.1. A primary responsibility of the Medical Department is to provide scientific

## SECTION I. FUNCTIONS OF THE MEDICAL DEPARTMENT

medical treatment and care for the sick and injured. To accomplish this end the Medical Department develops or adopts and standardizes efficacious professional principles and methods of medical treatment and care and affords its personnel training in the proper procedures for applying these principles and methods. By inspections, reports, and statistical analyses, the success of naval practice in the treatment and care of the sick and injured is given continuous review and appropriate improvements are made.

114.2. It is a further responsibility of the Medical Department to assure the adequacy of naval medical facilities; in order to accomplish this, the location, size, design and other factors controlling the efficiency of medical facilities are studied and plans and recommendations made by the Medical Department.

## 115

**Administration of Medical Services.**—115.1. Proper planning to provide adequate complements of Medical Department military personnel for hospitals, hospital ships, and other medical facilities is the responsibility of the Bureau. Based on its knowledge of the Navy's needs and of the professional qualifications of Medical Department personnel, the Bureau recommends to the Bureau of Naval Personnel the assignment of the personnel required by the Medical Department afloat and ashore.

115.2. The Bureau is also responsible for the administration of the civilian force employed at naval hospitals, medical supply depots and storehouses, medical laboratories, the National Naval Medical Center, and all technical schools established for the education or training of Medical Department personnel. The Bureau is charged with the upkeep and operation of all such facilities.

115.3. The education and training and the professional examination of officers and enlisted personnel of the Medical Department are under the jurisdiction of the Bureau.

115.4. The Bureau establishes requirements for and has control of the procurement, preparation, inspection, storage, care, custody, transfer, and issue of supplies and materials of every kind used by the Medical Department for its own purposes.

115.5. All materials and facilities which are used for medical purposes are under the supervision of the Bureau, and changes in and improvement of these facilities and materials are made by or upon the recommendation of Medical Department personnel.

115.6. Insofar as the efficiency of treatment and care given the sick and wounded may be affected, the Bureau approves the design of hospital ships and provides for the organization and administration of the Medical Department on such vessels. Medical facilities aboard all ships are provided in accordance with the recommendations of the Bureau.

115.7. Arrangements for the care, transportation, and burial of the dead are under the jurisdiction and control of the Bureau.

115.8. The Bureau is responsible for the preparation and custody

## PT. I, CH. 1. THE MEDICAL DEPARTMENT

of the records and accounts under its cognizance and pertaining to its duties.

## SECTION II. ORGANIZATION OF THE MEDICAL DEPARTMENT

	Paragraph
Personnel .....	116
Bureau of Medicine and Surgery .....	117
District Medical Officers .....	118
Medical Department Personnel in Field Activities.....	119

## 116

**Personnel.**—116.1. Medical services and health programs of the Navy are carried on by the personnel of the Medical Corps, Dental Corps, Nurse Corps, and Hospital Corps, by special service officers (II(S)), and by civilians in the Bureau and in the field activities.

116.2. The professional services of all of the above-named personnel are under the administration of the Bureau. In the case of the Nurse Corps, the Surgeon General is specifically charged with its direction, and, subject to the approval of the Secretary of the Navy, carries out all of the administrative functions relating to that Corps.

## 117

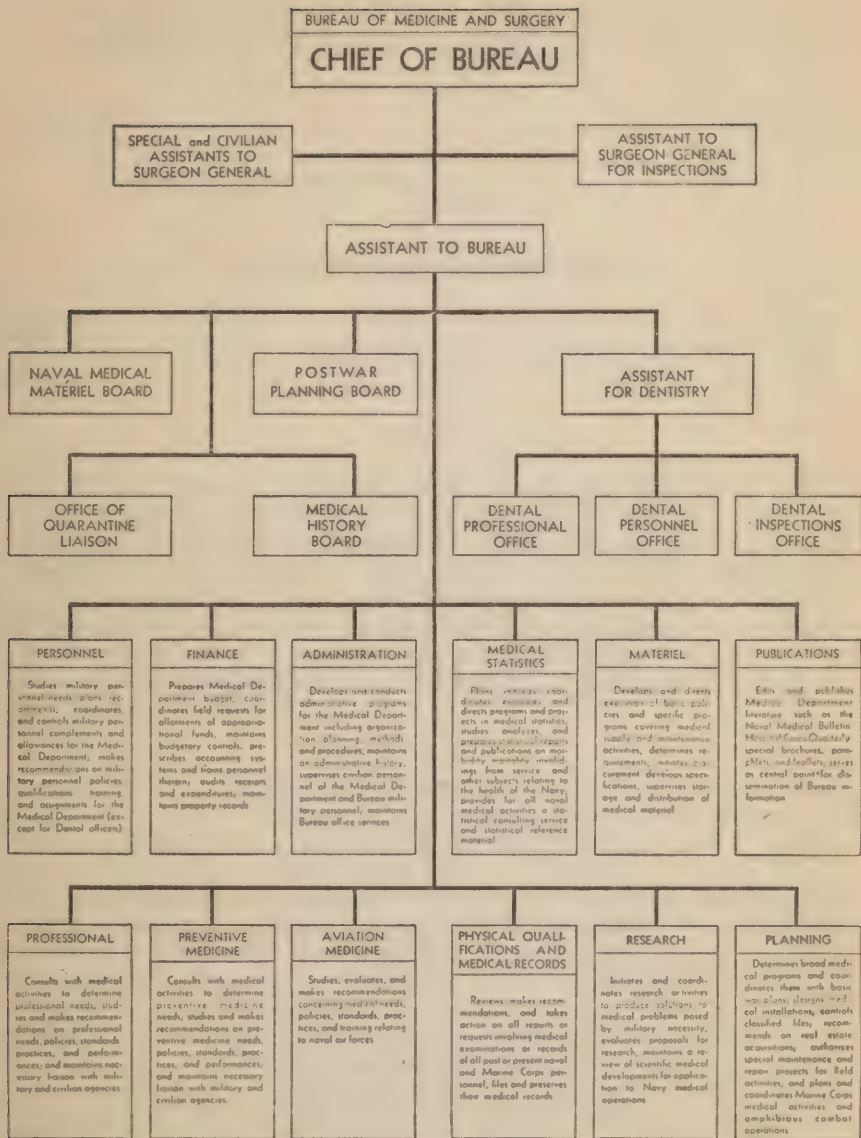
**Bureau of Medicine and Surgery.**—As the central agency of the Medical Department, the Bureau is responsible for initiating, coordinating, and integrating the policies, standards, and practices of the Medical Department, and for directing activities concerned with its personnel, matériel, finance, and public works. The staff of the Bureau is organized on a divisional basis; the functions of each division are outlined in the organization chart on the opposite page.

## 118

**District Medical Officers.**—A district medical officer has been appointed for each naval district. He is responsible to the commandant for supervising the medical activities within the geographical limits of the district in accordance with the policies, standards, and practices established by the Bureau.

## 119

**Medical Department Personnel in Field Activities.**—The senior member of the Medical Department in a naval activity is responsible to the commanding officer for the medical services of that activity. The functions of the local medical department are administered by the senior representative of the Medical Department and his staff in accordance with the directions of the Bureau and the orders of his commanding officer.





## PART I—CHAPTER 2A

### MEDICAL CORPS: ORGANIZATION, APPOINTMENTS, AND ADVANCEMENT IN RANK

	Paragraphs
Section I. ORGANIZATION .....	12A1-12A4
II. APPOINTMENTS .....	12A5-12A17
III. ADVANCEMENT IN RANK .....	12A18-12A26

#### SECTION I. ORGANIZATION

	Paragraph
Origin .....	12A1
Number .....	12A2
Rank .....	12A3
Grades .....	12A4

#### 12A1

**Origin.**—Although provisions had been made from the inception of the Navy for the care and treatment of sick and injured naval personnel, it was not until May 24, 1828, that an act was passed recognizing the existence of a distinct naval medical department. In this law, entitled “An act for the better organization of the medical department of the Navy of the United States,” there is a provision for the appointment of assistant surgeons and surgeons, after examination and approval by a board of naval surgeons (Act of May 24, 1828, ch. 121, 4 *Stat.* 313).

#### 12A2

**Number.**—Congress has provided that “the total authorized number of commissioned officers of the medical corps shall be sixty-five one-hundredths of one per centum of the total authorized number of the officers and enlisted men of the Navy and Marine Corps, including midshipmen, Hospital Corps, prisoners undergoing sentence of discharge, enlisted men detailed for duty with Naval Militia, and the Flying Corps: *Provided*, that hereafter the authorized number of surgeons be, and it is hereby increased by one” (Act of Aug. 29, 1916, ch. 417, 39 *Stat.* 556, 576, as amended). The “authorized strength” of the Medical Corps is the number authorized by statute. The number actually on the active list, however, varies from year to year in accordance with the limitations set forth in the annual appropriations acts for the Navy, and constitutes what is known as the “appropriated strength.”

#### 12A3

**Rank.**—Congress abolished “relative rank” for all naval staff officers in 1899 and substituted actual rank therefor. It was specified, however, that staff officers should not be entitled, in virtue of their rank, to command in the line or in other staff corps, and that the

PT. I, CH. 2A. MEDICAL CORPS:  
ORGANIZATION, APPOINTMENTS, RANK

titles of officers in the staff corps were not changed (Act of Mar. 3, 1899, ch. 413, sec. 7, 30 *Stat.* 1005, 1006).

## 12A4

**Grades.**—12A4.1. The grades in the Medical Corps are medical director, with the rank of rear admiral or captain; medical inspector, with the rank of commander; surgeon, with the rank of lieutenant commander; passed assistant surgeon, with the rank of lieutenant; and assistant surgeon, with the rank of lieutenant, junior grade.

12A4.2. The appointment of 100 acting assistant surgeons for temporary service is provided for by law. It is further provided that the Secretary of the Navy, in time of war or national emergency declared by the President, may appoint as many acting assistant surgeons as the exigencies of the service may require (Act of May 4, 1898, ch. 234, 30 *Stat.* 580, as amended). Acting assistant surgeons have the rank of assistant surgeons and receive the same compensation.

## SECTION II. APPOINTMENTS

	Paragraph
How Made .....	12A5
Regulations Governing Appointments .....	12A6
Form of Application .....	12A7
Certificates .....	12A8
Authorization for Examination .....	12A9
Physical Examination .....	12A10
Professional Examination .....	12A11
Withdrawal from Examination .....	12A12
No Allowance for Expenses .....	12A13
Failure in Professional Examination .....	12A14
Acceptance and Oath of Office .....	12A15
Postgraduate Course .....	12A16
Naval Reserve Officers .....	12A17

## 12A5

**How Made.**—All appointments in the Medical Corps are made by the President, by and with the consent of the Senate (Sec. 1369, *Rev. Stat.*).

## 12A6

**Regulations Governing Appointments.**—12A6.1. **ASSISTANT SURGEONS.**—(a) Appointees to the grade of assistant surgeon with the rank of lieutenant, junior grade, must be between the ages of 21 and 32 at the time of appointment (39 *Stat.* 577).

(b) They must be graduates of approved medical schools, and have served an internship in a civilian or naval hospital.

(c) Their physical, moral, mental, and professional qualifications must be determined by a board of medical officers. Competitive examinations serve as the basis for appointment (Sec. 1370, *Rev. Stat.*, as amended).

12A6.2. **ACTING ASSISTANT SURGEONS.**—(a) The regulations as to age, and physical, moral, professional, and mental qualifications

SECTION II. APPOINTMENTS

which apply for appointment as assistant surgeon shall also apply for appointment as acting assistant surgeon for temporary service.

(b) Senior medical students and graduates of approved medical schools who have not served an internship, may apply for examination for temporary appointments as acting assistant surgeons, and, if found qualified, will be assigned to naval hospitals for a year of intern training. Upon satisfactorily completing their internship, acting assistant surgeons may appear for competitive examination for appointment in the permanent establishment as assistant surgeons.

(c) Should the intern desire to return to the practice of medicine in civil life, his appointment will be terminated.

12A7

**Form of Application.**—The following form is to be copied in the handwriting of the applicant, and submitted in duplicate:

.....  
(Residence)  
.....  
(Date)

Sir: I request permission to be examined for appointment in the grade of assistant surgeon (acting assistant surgeon), rank of lieutenant, junior grade, in the Medical Corps of the United States Navy.

I was born at ....., and was ..... years of age on the ..... day of ....., 19....; and am a citizen of the United States, and a legal resident of the State of .....

My permanent address is ..... I graduated (will graduate) from ..... Medical School in 19....

I forward herewith letters testifying to my moral character, habits, citizenship, preliminary education, and professional qualifications.

Very respectfully,

.....  
(Name in full, written legibly)

Chief of Bureau of Medicine and Surgery  
Navy Department, Washington, D. C.

12A8

**Certificates.**—The application must be accompanied by the following certificates:

12A8.1. Two or more letters or certificates from persons of good repute testifying from personal knowledge to the good habits and moral character of the applicant.

12A8.2. Satisfactory evidence of citizenship. Any one of the following may be considered as satisfactory proof of citizenship:

(a) *If Born in the United States.*—(1) A duly verified copy of a public or church record of birth; (2) affidavit, under oath, of the physician, midwife, or other person present at the birth; (3) in instances where neither (1) nor (2) can be obtained by the candidate, the affidavit of either parent; or (4), in cases where the candidate

PT. I, CH. 2A. MEDICAL CORPS:  
ORGANIZATION, APPOINTMENTS, RANK

certifies that no one of the foregoing proofs of citizenship is obtainable, the affidavits (under oath) of two reputable citizens acquainted with him. Each of these affidavits under (4) should state the facts within the knowledge of the deponent upon which he bases his statement as to the citizenship of the applicant; as, for example, that he has known the applicant since birth, that he knew his parents, and that he knew him to be a bona fide voter, as the case may be.

(b) *If Foreign Born.*—(1) Certificates of naturalization, under the seal of the court in which naturalized; (2) if parent or parents were naturalized before January 13, 1941, certificates of naturalization, under the seal of the court in which naturalized, of the parent during the minority of the applicant, together with the affidavit of a parent that the applicant is the child of the parent whose certificate of naturalization is submitted; (3) if parent or parents were naturalized subsequent to January 13, 1941, certificates of naturalization of both parents, or certificate of naturalization of surviving parent, if one parent is deceased, or certificate of naturalization of the parent having legal custody of the applicant if there has been a legal separation, provided the naturalization of the parents took place while the applicant was under eighteen years of age and the applicant was residing in the United States at the time of the naturalization of the parent last naturalized, or thereafter began to reside permanently in the United States while the applicant was under eighteen years of age; or (4) in special cases where the applicant certifies that neither (1), (2), nor (3) is obtainable, the affidavits of two reputable citizens acquainted with him certifying to citizenship of the applicant. As every naturalization is a matter of record in some court, these affidavits in (4) will be accepted only in very exceptional cases and on the understanding that the applicant shall later submit a proper certificate of naturalization.

12A8.3. Letter from the dean of the medical school certifying to the conduct and standing of the applicant, if a student. If the applicant is a graduate, he must submit a certificate of graduation in medicine. If the applicant has served an internship in a civilian hospital the certificate to that effect must be submitted. Diplomas should not be submitted.

12A8.4. A recent photograph, preferably 5 by 7 inches in size.

12A8.5. If the applicant has had hospital service or special educational or professional advantages, certificates to this effect, signed by the proper authorities, should be forwarded.

## 12A9

**Authorization for Examination.**—If the credentials of the applicant are found to be satisfactory, the Bureau will recommend that authorization be issued to the applicant to appear before a board of medical examiners and a naval examining board for physical and professional examinations. An effort will be made to select a place for the examinations as near as possible to the candidate's place of residence.

## SECTION II. APPOINTMENTS

## 12A10

**Physical Examination.**—12A10.1. A thorough physical examination shall precede the professional examination, and the candidate shall be required to certify that he has informed the board of medical examiners of all bodily or mental ailments which he has suffered and that at the time of the examination, to the best of his knowledge and belief, he is free from any bodily or mental ailment.

12A10.2. A candidate who is found not physically qualified by a board of medical examiners will be so advised and will be informed that, if he so desires, he may undergo the written professional examination. In such a case, the candidate must understand that approval of the findings of the board of medical examiners that the candidate is physically disqualified will bar him from appointment notwithstanding the fact that he may be found professionally qualified.

## 12A11

**Professional Examination.**—12A11.1. **ASSISTANT SURGEON.**—The professional examination shall embrace the subjects of (a) general medicine, (b) general surgery, (c) obstetrics and gynecology, and (d) preventive medicine and medical jurisprudence. There shall also be an oral and practical examination.

12A11.2. **ACTING ASSISTANT SURGEON.**—The professional examination shall embrace the subjects of (a) general medicine and (b) general surgery. An oral and practical examination shall also be given.

## 12A12

**Withdrawal from Examination.**—With the consent of the naval examining board, a candidate may withdraw at any time from further examination upon written request to the board and may at a future time present himself for reexamination.

## 12A13

**No Allowance for Expenses.**—No allowance shall be made for expenses of persons undergoing examination for appointment in the Medical Corps (Art. 1838, *Navy Regulations*).

## 12A14

**Failure in Professional Examination.**—A candidate failing in the professional examination may apply for reexamination, but such reexamination will not be granted until after a period of six months has elapsed since the last examination.

## 12A15

**Acceptance and Oath of Office.**—Every person, on receiving an appointment from the Navy Department to an office in the Medical Corps, shall immediately forward a letter of acceptance, together with the oath of office duly signed and certified (Art. 1645, *Navy Regulations*).

**PT. I, CH. 2A. MEDICAL CORPS:  
ORGANIZATION, APPOINTMENTS, RANK**

## 12A16

**Postgraduate Course.**—Appointees in the Medical Corps in the grade of assistant surgeon, with the rank of lieutenant, junior grade, will, insofar as practicable, be assigned to the Naval Medical School, National Naval Medical Center, Bethesda, Maryland, for a post-graduate course of instruction prior to their assignment to sea or foreign duty.

## 12A17

**Naval Reserve Officers.**—Regulations relating to the appointment of medical officers in the Naval Reserve, including licensed female physicians and surgeons, are contained in *Bureau of Naval Personnel Manual*.

**SECTION III. ADVANCEMENT IN RANK**

	Paragraph
Eligibility for Advancement in Rank .....	12A18
Examinations Required .....	12A19
Failure to Pass Physical Examination .....	12A20
Professional Examination for Advancement to Rank of Lieutenant....	12A21
Professional Examination for Advancement to Rank of Lieutenant Commander .....	12A22
Professional Examination for Advancement to Rank of Commander..	12A23
Professional Examination for Advancement to Rank of Captain.....	12A24
Professional Examination for Advancement to Rank of Rear Admiral.	12A25
Failure to Pass the Professional Examination.....	12A26

## 12A18

**Eligibility for Advancement in Rank.**—12A18.1. Medical officers become eligible for advancement in rank in accordance with the provisions of the Act of June 10, 1926, as amended, which provides that a staff officer "shall become eligible for consideration by the selection board for recommendation for advancement to the next higher rank when the President approves the report of a line selection board in which the running mate of such staff officer or a line officer junior to such running mate is recommended for promotion to the next higher rank above that held by such staff officer" (44 Stat. 721).

12A18.2. Advancement to rear admiral, captain, commander, lieutenant commander, and lieutenant in the Medical Corps is by selection from officers in the corps of the next lower respective rank, except when advancement is made for eminent and conspicuous conduct in battle or extraordinary heroism (Art. 1660, *Navy Regulations*).

## 12A19

**Examinations Required.**—Before being advanced in rank medical officers are required to pass physical, mental, moral, and professional examinations prescribed by the Secretary of the Navy.

## 12A20

**Failure to Pass Physical Examination.**—Any medical officer on the promotion list who fails to pass the required physical examina-

## SECTION III. ADVANCEMENT IN RANK

tion for advancement in rank and who is found incapacitated for service by reason of physical disability contracted in line of duty is retired in the rank he holds. Reference should be made to paragraph 2117.

## 12A21

**Professional Examination for Advancement to the Rank of Lieutenant.**—12A21.1. A written professional examination shall be given, the scope of which shall include: (a) general medicine, including tropical diseases; (b) general and military surgery; (c) general and naval hygiene and sanitation; and (d) *Navy Regulations* and *Manual of the Medical Department*.

12A21.2. A practical examination shall be held in diagnosis, surgery, and clinical laboratory technique.

12A21.3. Candidates shall be examined orally only in explanation of written and practical work.

## 12A22

**Professional Examination for Advancement to the Rank of Lieutenant Commander.**—This examination is similar in scope to that for lieutenant. The candidate is expected to have greater practical knowledge and ability in professional subjects.

## 12A23

**Professional Examination for Advancement to the Rank of Commander.**—This examination shall be predominantly professional, comprehending all the fields of medicine, and the naval aspects of medicine, and questions pertaining to Medical Department organization and administration.

## 12A24

**Professional Examination for Advancement to the Rank of Captain.**—This examination shall include the fields of Medical Department organization and administration, medical logistics planning, hygiene and sanitation, naval hospital administration, *Navy Regulations*, and *Manual of the Medical Department*.

## 12A25

**Professional Examination for Advancement to the Rank of Rear Admiral.**—The mental, moral, and professional examinations of a candidate for the rank of rear admiral shall be such as the Secretary of the Navy may prescribe.

## 12A26

**Failure to Pass the Professional Examination.**—Officers of the Medical Corps who, if recommended for advancement, undergo the required examinations for advancement and are found not professionally qualified, shall be transferred to the retired list of the Navy (Act of Aug. 5, 1935, ch. 439, sec. 5, 49 *Stat.* 530, 531).



## PART I—CHAPTER 2B

### GENERAL DUTIES OF MEDICAL OFFICERS

	Paragraphs
Section I. MAINTENANCE OF PHYSICAL EFFECTIVENESS	12B1–12B6
II. MISCELLANEOUS DUTIES .....	12B7–12B26
III. PROFESSIONAL RELATIONS WITH CIVILIANS	12B27–12B28
IV. JUNIOR MEDICAL OFFICERS .....	12B29–12B30
V. COMPULSORY MEDICAL, SURGICAL, OR DENTAL TREATMENT .....	12B31
VI. CIVIL DUTIES .....	12B32

#### SECTION I. MAINTENANCE OF PHYSICAL EFFECTIVENESS

	Paragraph
General .....	12B1
Care of the Sick and Injured .....	12B2
Health .....	12B3
Physical Fitness of the Personnel .....	12B4
Educational Measures .....	12B5
Cooperation with Other Agencies .....	12B6

#### 12B1

**General.**—All medical officers are charged with responsibility for prevention and control of disease, for promotion of health, and for treatment of sick and injured in the Navy (Arts. 1132–1135, *Navy Regulations*). Every medical officer must, therefore, keep himself informed in all fields of general and naval medicine. The senior officer of the Medical Corps attached to a ship or station shall have the title of “The Medical Officer.”

#### 12B2

**Care of the Sick and Injured.**—The medical officer shall give the most careful professional attention to the patients under his care, and shall be attentive to the patients’ comfort, and to the cleanliness of their clothing, bedding, and persons. He shall make arrangements for proper messing of the sick, and for proper stowage and safeguarding of the patients’ effects. He shall direct the treatment of patients by his assistants, and such assistants shall be responsible to the medical officer for strictly carrying out orders which he gives for each patient. In difficult cases, the medical officer should consult with other medical officers of the Navy present concerning diagnosis and treatment. (See, also, Art. 1189, *Navy Regulations*.) No deviation from orders given by the medical officer in charge of a patient shall be made without his permission, except by higher authority. In the discharge of his duty, the medical officer shall require that the medical department under his jurisdiction be prepared for medical emergencies.

#### 12B3

**Health.**—The responsibility of the medical officer in matters of health extends into fields under the cognizance of other departments.

## PT. I, CH. 2B. GENERAL DUTIES OF MEDICAL OFFICERS

Nutrition, lighting and ventilation, insect and rodent control, water supply, and waste disposal all have a direct bearing on the health of naval personnel, and the medical officer, through his special qualifications, must assume the initiative in maintaining health standards in these spheres. The medical officer must assure adequate provision, including quarters, for the care of the sick. His responsibility in these matters is discussed in Part III, Chapter 5.

## 12B4

**Physical Fitness of the Personnel.**—12B4.1. The medical officer shall make appropriate recommendations to the proper authority concerning the hygienic aspect of physical exercises, athletics, recreational measures, or other matters, in order to improve or maintain physical fitness of the personnel.

12B4.2. Whenever there is reason to believe that diseases are being concealed by any person in the command, the medical officer shall, with the approval of the commanding officer, conduct examinations for the detection of concealed disease. During such examinations the physical condition and cleanliness of the men should be carefully observed (Art. 1136, *Navy Regulations*).

## 12B5

**Educational Measures.**—12B5.1. Every opportunity shall be taken to educate personnel in matters concerning health. Authoritative information shall be disseminated with regard to prevention of diseases and accidents and to subjects pertaining to hygiene and sanitation.

12B5.2. Medical officers shall instruct personnel regarding venereal diseases, advising them of the associated dangers. Information which is distributed by the Bureau relative to social hygiene shall be utilized.

12B5.3. The medical officer's responsibility for the instruction of hospital corpsmen is given in Part I, Chapter 5.

## 12B6

**Cooperation with Other Agencies.**—12B6.1. Medical officers of the Navy shall cooperate with the United States Public Health Service and other Federal and local agencies for the prevention of disease and collection of vital statistics.

12B6.2. The medical officer shall report to state or local health authorities on NAVMED-171 the probable source of venereal disease infection of naval personnel. The name of the individual in the naval service giving the source of the infection is not to be disclosed. No report shall be made with regard to the families of naval personnel.

## SECTION II. MISCELLANEOUS DUTIES

## SECTION II. MISCELLANEOUS DUTIES

	Paragraph
Rough Log .....	12B7
Organization and Standing Order Book .....	12B8
Reports of Medical Officer to Officer of the Deck, Etc. ....	12B9
Official Documents and Correspondence .....	12B10
Transfer of Records of Decommissioned Activities and Inactive Records .....	12B11
Examination before Transfer .....	12B12
Transfer of Patients .....	12B13
Health Records .....	12B14
Misconduct Entries .....	12B15
Dental Treatment .....	12B16
Treatment of Chemical Warfare Casualties .....	12B17
Physical Examinations .....	12B18
Medical Department Blank Forms for Prescriptions .....	12B19
Prescription of Narcotic Drugs .....	12B20
Prescription of Poisonous Drugs .....	12B21
Custody of Alcoholic Solutions, Narcotics, and Poisons .....	12B22
Articles on Professional Subjects .....	12B23
Unofficial Certificates .....	12B24
Transcripts of Medical Records .....	12B25
Examination for Evidence of Intoxication .....	12B26

## 12B7

**Rough Log.**—The medical officer of a ship or station shall keep a rough log or journal which shall be a complete, succinct record of pertinent matters within the province of the medical department, other than medical histories of individuals. This journal shall be retained in the files of the activity.

## 12B8

**Organization and Standing Order Book.**—Each hospital or other Medical Department activity on shore (other than expeditionary forces) is required to publish an "Organization and Standing Order Book," to inform duty personnel of matters of local interest, policy, and routine. An "Organization Book" and a "Standing Order Book" may be issued separately.

## 12B9

**Reports of Medical Officer to Officer of the Deck, Etc.**—Injuries or deaths of personnel, damage, destruction, or loss of medical department property, and any important occurrence coming under the observation of the medical officer of a ship or station shall be reported to the officer of the deck or other proper official for entry in the log or journal of the ship or station.

## 12B10

**Official Documents and Correspondence.**—Detailed instructions with regard to preparation and routing of official correspondence are contained in Chapter 52, *Navy Regulations*, and SecNav Letter 43-877, *Navy Department Bulletin, Cumulative Edition, 31 December 1943*. All medical officers shall keep suitable files of all official correspondence (Art. 2039, *Navy Regulations*).

## PT. I, CH. 2B. GENERAL DUTIES OF MEDICAL OFFICERS

## 12B11

**Transfer of Records of Decommissioned Activities and Inactive Records.**—12B11.1. When a medical activity is decommissioned the correspondence files and records shall be properly arranged, packaged in numbered boxes or other suitable containers, and each box and container inventoried. Numbering of boxes shall contain references to total boxes of shipment, for example, box No. 1 of 20, box No. 2 of 20, etc. Inventories shall be prepared in triplicate; one copy to be placed in the appropriate box or container, one copy to be transmitted to the Naval Records Management Center, Eastern Division, 253 North Broad Street, Philadelphia, or Western Division, 417 South Spring Street, Los Angeles, and one copy to be transmitted to the Bureau. After records have been packaged and inventoried, a letter of notification shall be prepared and sent air mail to the appropriate naval records management center. This letter shall state the approximate cubic footage and the general character of the records to be transferred, and shall also have attached copies of the inventories of the various records containers. Carbon copies of the letter of notification and inventories shall be sent to the Bureau. The packaged records may then be shipped to the appropriate naval records management center.

12B11.2. Medical Department activities having accumulations of old inactive records may obtain authority for transferring these records to the naval records management centers by sending a request for such action to the Bureau, together with a descriptive list of the records, as well as an estimate of the cubic footage of the records to be transferred. The Bureau will then obtain necessary clearance and issue instructions.

## 12B12

**Examination before Transfer.**—Every man about to be transferred from one ship or station to another shall be subjected to a physical examination conducted by the medical officer, or to such physical examination as may be within the capacity of other representatives of the Medical Department present if no medical officer is available. Requisite entries shall be made in the man's Health Record. Except in an emergency, no man who has been exposed to any communicable disease or who is suffering from such disease shall be transferred except for treatment in a hospital or passage thereto. When an emergency requires the transfer of men with communicable diseases or other physical disabilities, a report shall be forwarded through official channels to the ship or station to which transfer is made. If such cases are retained, they shall be promptly admitted for treatment and a report of the facts made to the commanding officer (Art. 1142, *Navy Regulations*).

## 12B13

**Transfer of Patients.**—12B13.1. Sick or injured persons may be sent to a naval hospital at any time upon the recommendation of

## SECTION II. MISCELLANEOUS DUTIES

the medical officer or of a board of medical survey approved by the commanding officer.

12B13.2. Reference should be made to paragraphs 3310 and 16A37 for further information concerning transfers of patients.

## 12B14

**Health Records.**—Instructions in regard to Health Records are given in Part II, Chapter 2.

## 12B15

**Misconduct Entries.**—Medical officers making entries in the Health Records or on reports of death or reports of medical survey of personnel, shall state whether the disease or injury was or was not in line of duty and was or was not due to own misconduct (Art. 1196, *Navy Regulations*). Detailed information on this subject is contained in Part III, Chapter 2.

## 12B16

**Dental Treatment.**—12B16.1. Except in an emergency, the medical officer shall have the patient make an appointment in advance when it becomes necessary to send patients to dental officers of ships or stations.

12B16.2. When a patient is sent to another ship or station for dental treatment, his Health Record or NAVMED-H-4 (Dental Record) shall be made available to the dental officer. After he has made the necessary entries the dental officer shall return the Health Record or NAVMED-H-4 (Dental Record) to the medical officer having custody of the record.

12B16.3. Medical officers shall notify the dental officer whenever a man suffering from syphilis or any other disease in a communicable stage is sent to him for dental treatment.

12B16.4. Whenever practicable, officers and men ordered to ships or stations where the services of a naval dental officer will not be available, shall be referred to a naval dental officer for an examination and necessary treatment before proceeding to such ship or station for duty. For personnel who are to be assigned to recruiting duty, reference should be made to paragraph 21124.

12B16.5. The dental officer shall advise the medical officer concerning the discharge of, or granting of liberty to, patients on the sick list with a dental diagnosis.

12B16.6. Personnel whose Health Records have been lost shall be referred to the dental officer for the preparation of a new NAVMED-H-4 (Dental Record).

12B16.7. Upon the arrival of enlisted personnel at a ship for duty or training, their Health Records or NAVMED-H-4's (Dental Records) shall be made available to the dental officer as soon as practicable. The dental officer shall make arrangements for the necessary dental treatment.

12B16.8. When medical officers record dental examinations on NAVMED-H-4's, NAVMED-Y's, or NAVMED-AV-1's, in the absence of

## PT. I, CH. 2B. GENERAL DUTIES OF MEDICAL OFFICERS

dental officers, they shall be guided by the instructions contained in Part II, Chapter 2, on NAVMED-H-4 (Dental Record).

12B16.9. Medical officers of activities to which dental officers are attached shall bring to the attention of the dental officer, for his information and guidance, all official correspondence and communications pertaining to dental matters.

## 12B17

**Treatment of Chemical Warfare Casualties.**—Medical officers shall be prepared to treat casualties which may result from chemical warfare agents. Current publications and directives relative to this subject shall be studied for this purpose. (See, especially, *Manual of Treatment of Casualties from Chemical Warfare Agents*, NAVMED-220.)

## 12B18

**Physical Examinations.**—12B18.1. A medical officer shall conduct physical examinations and sign original entries on medical records for all enlistments and appointments. Every such examination shall be completed according to official forms (Art. 1200, *Navy Regulations*). Instructions concerning physical examinations are contained in Part II, Chapter 1.

12B18.2. It is desired that, whenever practicable, dental examinations be made by dental officers, who shall submit a signed report to the medical officer or board of medical examiners.

## 12B19

**Medical Department Blank Forms for Prescriptions.**—Officers of the Medical Department shall use Navy Medical Department forms for all prescriptions; commercial prescription forms shall not be used for any official purpose.

## 12B20

**Prescription of Narcotic Drugs.**—12B20.1. A naval medical officer, in his official capacity, prescribing any of the narcotic drugs coming within the scope of Chapter 2, Sections 2550-2564, 3220-3228, Internal Revenue Code (Act of Feb. 10, 1939, 53 *Stat.* 269-277, 382-384), is exempt from registration and payment of special tax under the provisions of this act. The right to exemption will be evidenced by lists furnished by the Surgeon General to the Commissioner of Narcotics, Treasury Department, of all officers of the Medical Department authorized to purchase narcotic drugs in the course of their official duties.

12B20.2. When an exempt official, in his official capacity, prescribes any narcotic drugs covered by the law, his prescription shall be written on an official prescription blank.

12B20.3. In order to facilitate the strict enforcement of the law, exempt officials in charge of narcotic drugs shall keep accurate rec-

## SECTION II. MISCELLANEOUS DUTIES

ords of the amounts of such drugs purchased and dispensed and have such records available for inspection by internal revenue officers.

12B20.4. In order to comply with the above subparagraph all prescriptions for narcotics shall be given a separate file number preceded by the letter "N" and filed separately from other prescriptions.

12B20.5. When the exempt naval medical officer renders professional treatment outside of his official duties, the exemption herein specified does not apply to the private portion of his practice, and he is required to register, and in all other respects to comply with the provisions of the law and regulations governing such practice.

## 12B21

**Prescription of Poisonous Drugs.**—12B21.1. Poisonous drugs shall be dispensed only by medical officers, or by Hospital Corps officers or pharmacist's mates on duty where there is no medical officer. Prescriptions for such drugs to be used in dental treatments shall be written and signed by the dental officer. All prescriptions for poisonous drugs shall be numbered and filed by the dispenser.

12B21.2. Bichloride of mercury tablets shall be issued only in the forms furnished by the naval medical supply depot.

## 12B22

**Custody of Alcoholic Solutions, Narcotics, and Poisons.**—12B22.1. No medical officer of the Navy shall take or receive into his custody on board ship or in any Navy or Marine Corps establishment any alcoholic liquors or intoxicating or narcotic substances except as authorized for medical purposes or for retention as evidence in disciplinary cases; nor shall the medical officer permit alcoholic liquors or narcotic substances under his custody to be placed in the possession of an enlisted or appointed man, except in small quantities for immediate consumption by patients, or for use in emergency such as combat. Alcoholic liquors other than those obtained through Medical Department sources shall not be accepted for medical purposes except upon approval of the Bureau. If accepted with Bureau approval, these liquors shall be taken up on inventory, used for medicinal purposes only, and accounted for accordingly (Arts. 118 and 1146, *Navy Regulations*).

12B22.2. Medical officers are authorized to issue distilled spirits and narcotic substances, for medicinal purposes only, to commanding officers of ships and to the pilots of planes to which no individual medical officer is attached.

12B22.3. Narcotics, alkaloidal poisons, alcoholic beverages, and poisonous chemicals not in constant use shall be kept under lock and key, and the keys shall always be in the custody of an officer (Art. 1145, *Navy Regulations*). Poisons which are frequently used shall be safeguarded by proper labels, containers, distinctive coloring, and such other safeguards as the medical officer may consider advis-

## PT. I, CH. 2B. GENERAL DUTIES OF MEDICAL OFFICERS

able. Small quantities of alkaloids and narcotics for dispensing purposes may be issued from time to time to the officer or enlisted man in charge of the pharmacy and shall be properly recorded when expended and kept under lock and key when not in use. Any losses of narcotics shall be reported to the Bureau and to the nearest United States Treasury Department, Bureau of Narcotics Office.

12B22.4. Medical officers shall assure themselves that all drugs and chemicals under their charge are properly labeled, and shall see that all poisons, chemical or alkaloidal, are indicated by appropriate poison labels.

12B22.5. Drugs of a powerful or dangerous nature which may be mistaken for other drugs because of their appearance shall be kept in bottles of different sizes or shapes and in separate positions.

12B22.6. All solutions of phenol shall be tinted pink (fuchsin), and solutions of bichloride of mercury shall be tinted blue (methylene blue). This shall not be construed to include compounded medicines, prescribed by medical officers for individuals, in which phenol or bichloride of mercury is one of the ingredients. Such medicine shall be appropriately labeled.

12B22.7. All persons in the medical department shall be duly warned regarding the danger of accidental poisoning and instructed in the proper handling of poisons.

12B22.8. When drugs or medicines are prescribed or issued in poisonous amounts the last person removing the drugs or medicines from a distinctive, or distinctively marked, container is responsible for the proper disposition of such drugs or medicines. Medicine glasses shall not be used for any other purpose than the administration of medicines for internal use.

12B22.9. Intoxicating liquors, including alcohol, shall be used only in connection with the treatment of the sick or to meet the essential requirements of Medical Department activities. For inspection purposes the files of all Medical Department activities must show for what purposes all intoxicating liquors, including alcohol, charged thereto were expended.

## 12B23

**Articles on Professional Subjects.**—Medical officers shall be guided in the preparation and publication of articles on professional subjects by Article 113 (2), *Navy Regulations*, and *General Order No. 9*, May 13, 1935.

## 12B24

**Unofficial Certificates.**—12B24.1. The medical officer shall not give an unofficial certificate of ill health or of inability to perform any duty (Art. 1139, *Navy Regulations*).

12B24.2. The Judge Advocate General has held that the above regulation merely defines the relation of a naval medical officer to other individuals in the naval service and does not apply to the relation of a naval medical officer to civilians employed by the navy yards or naval stations under the jurisdiction of the Navy Depart-

## SECTION III. PROFESSIONAL RELATIONS WITH CIVILIANS

ment. In this opinion it was further held "that requests for certificates from the civilian employees of navy yards or stations to enable them to receive compensations from lodges, benevolent societies, and the yard relief associations may be properly unofficially granted" (File 28697-93, July 1922). (See, also, Art. 103, *Navy Regulations*.)

## 12B25

**Transcripts of Medical Records.**—12B25.1. When approved by the commanding officer, medical officers may complete blank forms, except death reports (see 12B25.4), submitted by insurance companies, beneficial organizations, and societies.

12B25.2. Medical officers are authorized to furnish an individual in the naval service a copy of his current medical record upon his signed request provided it contains nothing the knowledge of which might be considered as injurious to his physical or mental health. Requests for copies of or information concerning medical records of ex-service personnel shall be referred to the Bureau. (See Act of Aug. 27, 1940, ch. 689, sec. 3, 54 *Stat.* 859-860, as amended, and Act of Sept. 16, 1940, ch. 720, sec. 8, 54 *Stat.* 890-892, as amended. See, also, Art. 1195, *Navy Regulations*.)

12B25.3. When a medical record is required for use in a civil court, it will be furnished in accordance with paragraphs C-15 and C-16, Appendix C, *Naval Courts and Boards*, as modified by A1NavSta, March 12, 1942.

12B25.4. Medical officers shall forward all requests for copies of death reports to the Bureau, except as provided in paragraph 343.2. When blank forms are received from insurance companies the correspondence shall be forwarded to the Bureau, including, if possible, the request of the next of kin. Medical officers should notify the writer of the action taken.

## 12B26

**Examination for Evidence of Intoxication.**—When a request is made for such examination by competent authority, medical officers shall examine naval personnel for evidence of intoxication, in accordance with the instructions outlined in Part III, Chapter 2.

## SECTION III. PROFESSIONAL RELATIONS WITH CIVILIANS

	Paragraph
Professional Aid to Civilians .....	12B27
Restrictions Relative to Prospective Applicants .....	12B28

## 12B27

**Professional Aid to Civilians.**—12B27.1. The commander in chief may require the Medical Department officers of his command to render aid to persons not in the naval service, when such aid is necessary and demanded by the laws of humanity or the principles of international courtesy (Art. 685, *Navy Regulations*).

12B27.2. For duties relative to civilian employees, supernumer-

## PT. I, CH. 2B. GENERAL DUTIES OF MEDICAL OFFICERS

aries, and applicants for pension, reference should be made to Part IV, Chapter 1, and Part II, Chapter 1, paragraph 21136.

## 12B28

**Restrictions Relative to Prospective Applicants.**—Naval medical officers shall not undertake to operate upon or treat prospective applicants for the regular or reserve Navy or Marine Corps with a view to correcting defects, disqualifications, and disabilities barring them from enlistment or appointment.

## SECTION IV. JUNIOR MEDICAL OFFICERS

	Paragraph
Duties .....	12B29
Permission to Be Absent from Duties .....	12B30

## 12B29

**Duties.**—12B29.1. Junior medical officers shall at all times conform to the directions of the medical officer of the ship or station with regard to the professional treatment, care, and comfort of the sick and injured, to whom they shall be unremitting in their attention. They shall exact from those under their direction a rigid performance of their duties.

12B29.2. They shall assure themselves that the medicines are properly dispensed and administered by members of the Nurse Corps and Hospital Corps, who shall record in writing all drugs so administered.

12B29.3. Junior medical officers shall, subject to the direction of the medical officer, keep the Health Records and supervise the preparation of the regular reports and returns, unless the medical officer prefers to perform these duties himself.

12B29.4. Junior medical officers shall keep the medical officer fully informed as to the condition of all patients and shall frequently consult with him in regard to their professional treatment.

## 12B30

**Permission to Be Absent from Duties.**—Junior medical officers shall, before applying for leave to be absent from their duties, obtain the permission of the medical officer.

## SECTION V. COMPULSORY MEDICAL, SURGICAL, OR DENTAL TREATMENT

	Paragraph
Compulsory Medical, Surgical, or Dental Treatment .....	12B31

## 12B31

**Compulsory Medical, Surgical, or Dental Treatment.**—12B31.1. In conformance with *General Order No. 211*, November 22, 1944, the medical officer of a ship or station, after consultation with other

## SECTION VI. CIVIL SUITS

medical or dental officers, if available, and with the approval of the commanding officer, shall, when in his judgment the best interests of the individual or of the service require, take the following measures without the consent and over the protest of the individual concerned:

(a) Administer authorized immunization and prophylactic measures for the prevention of disease.

(b) Proceed with the routine diagnostic measures and other special tests and examinations except when for any reason the procedure would entail unreasonable risk of injury or by its nature be difficult of performance without the patient's voluntary cooperation.

(c) Administer usual and customary medical or dental treatment for contagious or communicable diseases.

(d) Perform emergency surgery necessary to protect health or life if the patient is mentally incompetent from psychiatric causes or from the effects of his disease or condition.

12B31.2. Persons who unreasonably refuse routine medical, dental, or surgical treatment for minor or temporary disabilities shall be reported to the commanding officer for disciplinary action. This is intended to include commonplace cases involving little or no risk to the patient when it is inexpedient and unnecessary to transfer the patient to a naval hospital. The medical officer, in determining whether the patient's refusal of the procedure is unreasonable, shall do so after consultation with other medical or dental officers, if available, and after due consideration of the man's condition and his reasons for refusal. Special cases may, if considered desirable, be reported to the Bureau of Naval Personnel or the Commandant, U. S. Marine Corps, via the Bureau, for further instruction.

12B31.3. Members of the naval service who refuse to submit to medical, dental, or surgical procedures shall, with the exceptions noted above, be transferred to a naval hospital for further observation and disposition. Reference should be made to paragraphs 3229 and 3327.

## SECTION VI. CIVIL SUITS

Civil Suits .....	Paragraph 12B32
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## 12B32

**Civil Suits.**—Whenever a medical officer of the Navy is sued in a civil court for acts done by virtue of his office, he should immediately communicate such fact to the Chief of the Bureau for forwarding to the Judge Advocate General for appropriate action. The Judge Advocate General will, if the facts warrant such action, request the Department of Justice to furnish counsel to the defendant medical officer at the expense of the United States, and, if the suit is brought in a state court, to seek removal of the case to the proper United States District Court.



## PART I—CHAPTER 2C

### DUTIES OF MEDICAL OFFICERS AFLOAT

Section I.	FLEET, FORCE, AND DIVISION MEDICAL OFFICERS .....	Paragraphs 12C1–12C11
	II. THE MEDICAL OFFICER OF A SHIP .....	12C12–12C28
	III. MEDICAL DEPARTMENT DUTIES IN EMERGENCIES .....	12C29–12C57

#### SECTION I. FLEET, FORCE, AND DIVISION MEDICAL OFFICERS

	Paragraph
The Fleet Medical Officer .....	12C1
Inspections, When Made .....	12C2
Scope of Inspections .....	12C3
Outline of General Inspection .....	12C4
Special Inspections .....	12C5
Written Report .....	12C6
Annual Sanitary Report .....	12C7
Battle Plans .....	12C8
Information Concerning Epidemic Diseases, Etc. ....	12C9
Medical Meetings .....	12C10
Force and Division Medical Officers .....	12C11

#### 12C1

**The Fleet Medical Officer.**—12C1.1. The laws dealing with the appointment and duties of the fleet surgeon or fleet medical officer are contained in Sections 1373 and 1374, *Revised Statutes*.

12C1.2. The fleet medical officer shall be cognizant of all matters pertaining to the medical personnel and matériel of the fleet and shall assist the fleet commander in preparing medical aspects of operational and logistical plans. He shall have general supervision over the health of the fleet's personnel.

#### 12C2

**Inspections, When Made.**—The fleet medical officer shall inspect ships of the fleet when directed by the fleet commander.

#### 12C3

**Scope of Inspections.**—12C3.1. When fleet operations permit, the fleet medical officer shall inspect the medical department of each ship in all its details. He shall examine the entire ship with regard to its sanitary condition, hygienic regulations, and its medical efficiency, noting its ability to cope with communicable disease, and the adequacy of the medical department preparations for battle.

12C3.2. When operational activities prevent general inspections being made the fleet medical officer should inspect the medical efficiency of the type ships representing the various groups and components of the fleet when such units are available. Such inspections

## PT. I, CH. 2C. DUTIES OF MEDICAL OFFICERS AFLOAT

may be informal and should be performed on an advisory and constructive basis. Type ships, representative of force organizations, should be boarded for inspections when at rendezvous for fueling, supplies, or repairs. This may occur after battle or during retirement for repairs incident to combat. Such periods afford opportunities for consideration of medical efficiency during operational and combat conditions.

## 12C4

**Outline of General Inspection.**—12C4.1. When it is practicable to make a general inspection, inquiry should be made into the following:

(a) *Personnel of the Medical Department.*—Number of medical and dental officers and Hospital Corps officers and men; efficiency of the organization; number of other ratings detailed for duty in the medical department; and instruction of hospital corpsmen, stretcher-bearers, and other personnel of the ship in their duties pertaining to the medical department.

(b) *Matériel of the Medical Department.*—Location, arrangements, cleanliness, and equipment of the hospital spaces; provisions for the use of medical department matériel in emergencies; and defects or insanitary conditions in supplies and equipment.

(c) *Sanitary Conditions of the Ship.*—Cleanliness of the ship as a whole; ventilation, heating, and lighting; inspection, preparation, and serving of proper food to the crew and to the sick; precautions observed against accidents; bathing facilities; educational measures for prevention of venereal and other diseases; supply and protection of drinking water; ratio of sanitary fixtures to personnel; the cleanliness and suitability of the crew's clothing; sanitary precautions used in the barber shop and ship's service; measures taken to prevent rat and vermin infestation aboard ship and measures to destroy them if present; facilities for sterilization of bedding, etc.; sanitary condition of the laundry; records of immunization; and evidence of overcrowding of personnel.

(d) *Miscellaneous.*—First-aid supplies at battle stations; station bills for general quarters, damage control, gas defense, launching and recovery of airplanes, fire quarters, collision, fire and rescue party, abandon ship, man overboard, taking aboard and handling rescued personnel, and landing force; provisions for removal of dead and wounded from various parts of the ship; identification tags (wartime only); care of the mental patients; statements of health conditions for preceding 12 months; condition of the medical department records; instructions relative to poisons and distilled spirits; instructions in first aid to division officers and crew; and property accountability.

12C4.2. *Recommendations.*—When defects in the medical department or ship's sanitation are found, the inspecting officer shall make recommendations to the fleet commander for their correction. He shall make recommendations to the Bureau, via official channels, for changes in medical department equipment and supplies, particularly in regard to those items in which the prescribed minimum stock

## SECTION I. FLEET, FORCE, AND DIVISION MEDICAL OFFICERS

is out of proportion to the general current rate of use, and to the elimination of items which have fallen into disuse. The fleet surgeon shall recommend to the fleet commander the transfer of medical department supplies from a ship carrying an excess stock to a vessel requiring such supplies.

## 12C5

**Special Inspections.**—When directed, the fleet medical officer shall investigate the sanitary condition of any ship of the fleet where excessive sick rates exist, and he shall examine the different parts of the ship for insanitary conditions. He shall make any other inspections necessary to ascertain the reasons for increase of disease and recommend such steps as may be necessary.

## 12C6

**Written Report.**—12C6.1. Following each inspection the fleet medical officer shall make a concise written report to his commander. When conditions are found to be satisfactory a statement to that effect will suffice.

12C6.2. When necessary he shall make to his commander recommendations or reports concerning sanitary conditions of the fleet or force, the prevention of disease or means for checking its spread, and the care of the sick and wounded.

## 12C7

**Annual Sanitary Report.**—At the end of each calendar year the fleet medical officer shall forward to the Bureau, through the commander in chief, a general sanitary report.

## 12C8

**Battle Plans.**—12C8.1. The fleet medical officer shall prepare a concrete plan for the care and transportation of the sick and wounded of the fleet during an action and shall keep himself informed of the facilities available for this purpose in the ships of the fleet. He shall prepare medical department contributory plans for the fleet commander's basic operating plans.

12C8.2. After an action, a report of the number killed, missing, and wounded in the fleet shall be compiled by the fleet medical officer and sent to the fleet commander.

## 12C9

**Information Concerning Epidemic Diseases, Etc.**—The fleet medical officer shall coordinate and disseminate to unit medical officers all pertinent medical information.

## 12C10

**Medical Meetings.**—The fleet medical officer shall stimulate interest in professional subjects by arranging meetings of medical and

## PT. I, CH. 2C. DUTIES OF MEDICAL OFFICERS AFLOAT

dental officers for the discussion of professional subjects. Medical and dental officers shall be encouraged to attend meetings of professional interest in the ports visited and on board hospital ships.

## 12C11

**Force and Division Medical Officers.**—12C11.1. The duties of force and division medical officers shall be similar to those of the fleet medical officer insofar as those relate to their organizations (Art. 788, *Navy Regulations*).

12C11.2. Force and division medical officers shall see that expenditures from the medical stores of ships of their organization are made with economy and shall report to the force or division commander instances of wastefulness or unauthorized expenditures.

## SECTION II. THE MEDICAL OFFICER OF A SHIP

	Paragraph
General .....	12C12
Fitting Out .....	12C13
Medical Stores and Supplies .....	12C14
Medical Storerooms .....	12C15
Inspections .....	12C16
Daily Report of the Sick .....	12C17
Health Records .....	12C18
Medical Surveys .....	12C19
Transfer of Patients .....	12C20
Deaths .....	12C21
Quarantine .....	12C22
Sanitation .....	12C23
Sanitary Reports .....	12C24
Watch, Quarter, and Station Bills .....	12C25
Instruction of Hospital Corpsmen .....	12C26
First-Aid Instruction .....	12C27
Transport Duty .....	12C28

## 12C12

**General.**—12C12.1. **HEAD OF MEDICAL DEPARTMENT.**—The medical officer is the head of the medical department of the ship. He shall have charge of all medical material aboard and shall be in direct charge of the treatment of the sick and wounded (Art. 1132, *Navy Regulations*).

12C12.2. **IN CHARGE OF MEDICAL DIVISION.**—He shall take charge of the personnel of the medical department and of the men on the sick list, and shall report the medical department at quarters (Arts. 1175, 1176, 1177, *Navy Regulations*).

12C12.3. **ABSENCE OR DISABILITY.**—(a) In the absence, or during the disability, of the medical officer of the ship the medical officer next in rank on board shall perform his duties (Art. 1149, *Navy Regulations*).

(b) When two or more medical officers are attached to the ship, at least one shall always be on board, unless otherwise authorized by previous permission from the commanding officer (Art. 1729 (6), *Navy Regulations*). Article 810, *Navy Regulations*, provides for a medical guard.

## SECTION II. THE MEDICAL OFFICER OF A SHIP

(c) When it is believed that the complement or allowance of the medical department personnel should be modified the medical officer shall make a request to the commanding officer for modification.

## 12C13

**Fitting Out.**—12C13.1. After reporting, the medical officer shall examine the hospital spaces and equipment, and other accommodations for sick and wounded, and report any defects to the commanding officer (Art. 1150, *Navy Regulations*).

12C13.2. The medical officer shall examine the crew in order to verify the descriptive lists and Health Records, and to ascertain if all the crew members are physically qualified to perform their duties. If any are found disqualified, he shall, with the approval of the commanding officer, admit such personnel to the sick list and transfer them to a naval hospital. He shall immunize the ship's complement against such diseases and in such manner as is provided in Part III, Chapter 5B, and in current directives (Arts. 826, 1151, 1152, *Navy Regulations*).

## 12C14

**Medical Stores and Supplies.**—The medical officer is responsible for all property belonging to the Medical Department of the Navy.

## 12C15

**Medical Storerooms.**—The medical officer shall take charge of the medical storeroom and keep the key in his own custody or in the custody of his representative, but in any case the medical officer is responsible for the security of the contents of the storeroom. Medical storerooms shall not be used as sleeping compartments, and only medical stores shall be kept therein. Narcotics, alkaloidal poisons, alcoholic beverages, and poisonous chemicals shall be kept in separate lockers, and the keys to these lockers shall always be in the custody of an officer (Arts. 1048 (2) (3), 1145, 1434, *Navy Regulations*).

## 12C16

**Inspections.**—12C16.1. **PERSONNEL.**—Inspection of the crew shall be held whenever the presence of communicable or concealed disease is suspected (Art. 1136, *Navy Regulations*).

12C16.2. **FOOD AND WATER.**—Regulations in regard to inspection of food and water appear in Part III, Chapter 5.

12C16.3. **COMPARTMENTS, CELLS, BEDDING, ETC.**—Regulations concerning inspections of compartments, cells, bedding, etc., appear in Part III, Chapter 5.

## 12C17

**Daily Report of the Sick.**—12C17.1. **SICK LIST.**—A list of the sick, with names, diagnoses, and conditions, shall be submitted by the medical officer to the commanding officer daily by 1000 (Art. 1153, *Navy Regulations*).

## PT. I, CH. 2C. DUTIES OF MEDICAL OFFICERS AFLOAT

12C17.2. **BINNACLE LIST.**—A list of the names of those he recommends excused from duty shall be submitted by the medical officer to the commanding officer daily by 0930. The binnacle list shall be approved by the commanding officer, and no names may be added without his permission (Arts. 1154, 1322 (1), *Navy Regulations*).

12C17.3. **ADDITIONS TO SICK AND BINNACLE LISTS.**—The primary object of the binnacle list is to supply the officer of the deck and other persons concerned the names of men excused from duty. When it is considered necessary to excuse a man from duty after the morning report of the sick has been submitted, his name shall be added to the binnacle list and appropriate report submitted to the commanding officer. If he is still unfit for duty when the next morning report of the sick is submitted, his name shall be added thereto as admitted to the sick list on the date on which his name was added to the binnacle list. Names shall not be omitted from the morning report of the sick because a satisfactory diagnosis has not been made. Such cases shall be noted as "Diagnosis Undetermined (Observation)" or with the name of the chief complaint. Cases of malingering shall be reported to the commanding officer and entered upon the report book (Art. 1136, *Navy Regulations*).

## 12C18

**Health Records.**—Instructions in regard to Health Records are contained in Part II, Chapter 2.

## 12C19

**Medical Surveys.**—Instructions in regard to medical surveys are contained in Part III, Chapter 3.

## 12C20

**Transfer of Patients.**—12C20.1. Subject to the approval of the commanding officer, patients may be transferred to a hospital at any time upon the recommendation of the medical officer or a board of medical survey (Art. 1141 (2), *Navy Regulations*).

12C20.2. Persons with tuberculosis of present clinical significance shall be sent to the nearest naval hospital for disposition (Art. 1141 (3), *Navy Regulations*).

12C20.3. Each patient who is transferred to a naval hospital shall be accompanied by a Hospital Ticket (NAV MED-G or NAV MED-416), and by his Health Record; his personal effects shall be inventoried and prepared for transfer. Serious cases shall be accompanied by a medical officer (Art. 1142, *Navy Regulations*).

12C20.4. (a) When a patient is transferred to other than a United States naval hospital, the date of transfer shall be noted in his Health Record, and the clinical history continued therein until the patient returns to duty or is transferred from the ship.

(b) On the departure of a ship, if in a foreign port, the medical officer shall forward, through the commanding officer, to another

## SECTION II. THE MEDICAL OFFICER OF A SHIP

United States naval vessel or shore-based naval activity, or if neither is present, to the local American consular officer, the Health Records of all patients referred to in subparagraph 12C20.4 (a) who remain hospitalized. The record, if transferred to a consular officer, shall state that it is to accompany the patient, if he is transferred elsewhere, or to be forwarded to the commanding officer of the next ship arriving in port. The consular officer shall be furnished with a history of the case and requested to cooperate with the surgeon in charge of the hospital.

(c) Upon arrival of a ship in a foreign port, her medical officer shall take charge of cases referred to in subparagraph (b) above, who are not under the charge of a medical officer, and continue their Health Records. The medical officer shall frequently visit these patients. He shall interest himself in their welfare, report their progress to the commanding officer, and suggest measures necessary for their benefit (Art. 1143, *Navy Regulations*).

12C20.5. (a) When an enlisted person of the Navy is sent from a ship to a United States naval hospital for duty or for treatment, his accounts and other papers shall be sent directly to that hospital (Art. 1203 (1), *Navy Regulations*).

(b) When transfer is made to a hospital in the United States not a naval hospital, his accounts and other papers shall be retained on board. Upon the departure of his ship, the patient's Service Record, Health Record, and pay accounts shall be transferred to the commandant of the naval district in which the hospital is situated (Art. 1203 (2), *Navy Regulations*).

12C20.6. If an enlisted person is transferred to a civil hospital in a foreign country, his records and accounts, other than the Health Record, will be retained by the command to which attached (Art. 1203, *Navy Regulations*).

## 12C21

Deaths.—See Part III, Chapter 4.

## 12C22

Quarantine.—See Part III, Chapter 5C.

## 12C23

Sanitation.—See Part III, Chapters 5A and 5B.

## 12C24

Sanitary Reports.—At the end of each calendar year the medical officer shall prepare a sanitary report, which is to be forwarded to the Bureau through official channels. For instructions concerning the annual sanitary report and other periodical and special reports, see Part III, Chapter 5D.

## 12C25

Watch, Quarter, and Station Bills.—See Section III, this Chapter.

## PT. I, CH. 2C. DUTIES OF MEDICAL OFFICERS AFLOAT

## 12C26

Instruction of Hospital Corpsmen.—See Part I, Chapter 5.

## 12C27

**First-Aid Instruction.**—Medical department personnel shall teach first aid to the ship's officers and crew in order that they may administer to the wounded in battle when no medical personnel are available. Requirements for this teaching are:

(a) *Division Officers.*—Knowledge of the degrees of proficiency of their men in first aid, and knowledge of the location and use of available first-aid material.

(b) *Hospital Corpsmen.*—Knowledge that will fit them to become assistant instructors.

(c) *Stretcher-Bearers.*—Knowledge of handling and transportation of casualties and basic factors of first aid.

(d) *Crew.*—A practical knowledge of simple first-aid treatment of wounds and fractures and resuscitation.

## 12C28

**Transport Duty.**—Medical officers on transport duty shall be guided by Article 1457, *Navy Regulations*, and paragraph 12C13 and Part I, Chapter 2E, Section I, of this Manual.

## SECTION III. MEDICAL DEPARTMENT DUTIES IN EMERGENCIES

	Paragraph
Drills and Emergencies .....	12C29
Preparation for Emergencies .....	12C30
Condition I. General Quarters .....	12C31
Condition II. ....	12C32
Condition III. ....	12C33
Damage Control .....	12C34
Chemical Warfare and Defense .....	12C35
Launching and Recovery of Airplanes .....	12C36
Fire Quarters .....	12C37
Collision .....	12C38
Fire and Rescue Party .....	12C39
Abandon Ship .....	12C40
Man Overboard .....	12C41
Taking Aboard and Handling Rescued Personnel .....	12C42
Landing Force .....	12C43
Duty in Battle .....	12C44
Battle-Dressing Stations .....	12C45
First-Aid Boxes and Other Medical Containers at Battle-Dressing Stations .....	12C46
Medical Stores at Battle-Dressing Stations .....	12C47
Water Supply of Battle-Dressing Stations .....	12C48
Light for Battle-Dressing Stations .....	12C49
Sterilizers at Battle-Dressing Stations .....	12C50
Routes to Be Marked .....	12C51
Final Preparation for Battle .....	12C52
Chaplain to Assist .....	12C53
Dental Officer to Assist .....	12C54
Removal of the Dead and Wounded .....	12C55
Transfer of the Wounded to Hospital Ships .....	12C56
Reports of Casualties .....	12C57

## SECTION III. MEDICAL DEPARTMENT DUTIES IN EMERGENCIES

## 12C29

**Drills and Emergencies.**—12C29.1. The medical division shall be prepared for emergencies. Personnel of the medical department shall be available for medical care at all times. Medical officers shall be guided by fleet regulations and orders as to special drills and emergencies and by ship's regulations for routine drills.

12C29.2. The sections of the watch, quarter, station, and other bills which apply to the medical department shall be posted in the hospital spaces, and personnel of the medical department shall be instructed so that each man knows his station and duties. These bills shall be kept up to date and strictly obeyed.

## 12C30

**Preparations for Emergencies.**—The medical officer shall make necessary preparations for the proper distribution of medical supplies and equipment to the battle-dressing stations and first-aid stations. He is responsible for proper dispersion of medical department personnel and shall arrange in advance for space assignment to care for any overflow of personnel casualties.

## 12C31

**Condition I. General Quarters.**—General quarters are the battle stations of the officers and crew. The term is also used to designate the evolution in which all hands assume battle stations. In Condition I, all hands are at battle stations (general quarters) and engagement with the enemy is imminent. Officers and men of the medical department assigned to the battle-dressing stations shall proceed immediately to their stations. Crew personnel who have been assigned as stretcher-bearers proceed to their assigned stations, where they are available for transportation of the wounded. Efficient organization for the removal and transportation of the sick and wounded shall be provided.

## 12C32

**Condition II.**—This condition is maintained when enemy forces may be encountered. Medical department personnel man battle stations in a condition of readiness.

## 12C33

**Condition III.**—The third condition of readiness for action is maintained when contact with surface ships is not imminent, but submarines and airplanes may be present. The medical department prepares to assume Condition I or II, but carries on in a routine manner, unless otherwise directed by the commanding officer.

## PT. I, CH. 2C. DUTIES OF MEDICAL OFFICERS AFLOAT

## 12C34

**Damage Control.**—The bottling-up of the medical department by damage control makes the knowledge of first aid among crew members, and particularly among the stretcher-bearers, an essential of the medical department in the preparations for battle. Ability of nonmedical personnel to administer first aid, ability of stretcher-bearers to transport the wounded, and medical facilities available at battle-dressing stations are three conditions of the preparation of the medical department for battle that must be coordinated. Each factor shall receive attention from inspection officers. Hospital corpsmen shall be assigned to accompany repair parties to assist in first aid and transportation of casualties.

## 12C35

**Chemical Warfare and Defense.**—12C35.1. The medical officer must keep himself informed of the nature and effects of chemical warfare. He shall be guided by the *Manual of Treatment of Casualties from Chemical Warfare Agents*, NAVMED-220, and current directives, in matters concerning medical aspects of chemical warfare.

12C35.2. The medical officer shall advise the commanding officer concerning medical preparations for gas defense. The chemical warfare defense bill shall provide a coordinated plan for the handling and transportation of gas casualties.

12C35.3. The medical officer shall train the hospital corpsmen in the medical aspects of chemical warfare and shall conduct drills for the purpose of obtaining efficient action during and following a gas attack. He shall supervise the instruction of the ship's company in matters pertaining to self aid and first aid for chemical warfare casualties.

12C35.4. The medical officer shall maintain adequate supplies for the effective decontamination of personnel and for the treatment of casualties following chemical warfare attacks. Should the ship or its personnel be exposed to chemical agents, he shall, when directed, make a thorough inspection, paying especial attention to possible contamination of food and water.

## 12C36

**Launching and Recovery of Airplanes.**—Medical attendance in case of emergencies during flight is provided for in ship's organization.

## 12C37

**Fire Quarters.**—12C37.1. The medical division shall assemble at the sick bay and prepare to remove the sick.

12C37.2. One stretcher party, with a medical officer or hospital corpsman in charge, shall report at the scene of the fire.

12C37.3. Inflammable liquids under the medical officer's charge shall be removed to a place of safety, or thrown overboard.

## SECTION III. MEDICAL DEPARTMENT DUTIES IN EMERGENCIES

## 12C38

**Collision.**—12C38.1. The medical division shall assemble at the sick bay and prepare to remove the sick and the Health Records.

12C38.2. Stretchers and life preservers shall be kept by the beds of the patients and preparations made to transport patients to stations on the weather decks.

12C38.3. During collision drill the medical officers and the sick shall assemble at their stations, leaving bed patients and attendants in the sick bay with doors and air ports closed. Stretcher-bearers should practice by transporting members of their own group to the weather decks and abandon ship stations.

## 12C39

**Fire and Rescue Party.**—12C39.1. A junior medical officer and a hospital corpsman shall be detailed for duty with the fire and rescue party. They shall have medical outfits and shall accompany the party whenever it is called away. Stretcher-bearers shall be provided.

12C39.2. Training in the use of the rescue breathing apparatus shall be undertaken only in the presence of a medical officer.

## 12C40

**Abandon Ship.**—The medical officer shall detail men of his division for the following duties:

- (a) Passing out boat boxes or other medical equipment provided for abandoning ship.
- (b) Transporting the sick to their proper stations.
- (c) Salvaging records.

## 12C41

**Man Overboard.**—A medical officer shall stand by when a man is overboard. A hospital corpsman with first-aid pouch shall be aboard the lifeboat to be lowered.

## 12C42

**Taking Aboard and Handling Rescued Personnel.**—The medical officer shall stand by when personnel are being rescued. When it is advisable, in his opinion, he shall accompany any boat which is launched for rescue purposes. Proper facilities shall be readily available at all times in order that immediate treatment may be begun when rescued personnel are brought aboard.

## 12C43

**Landing Force.**—Fleet orders provide for landing force organization.

## PT. I, CH. 2C. DUTIES OF MEDICAL OFFICERS AFLOAT

## 12C44

**Duty in Battle.**—In battle it shall be the first duty of the medical officer to insure that treatment is rendered promptly to those wounded who may be able to return to their stations (Art. 1174, *Navy Regulations*).

## 12C45

**Battle-Dressing Stations.**—12C45.1. Two or more battle-dressing stations shall be provided. These shall be dispersed and behind armor where possible. Auxiliary battle-dressing stations should be located as required in areas where emergency medical care may be given.

12C45.2. The main battle-dressing stations offering the best facilities for surgical operations after battle shall be equipped with this purpose in view. Adequate surgical and sterilizing equipment shall be placed at these stations.

## 12C46

**First-Aid Boxes and Other Medical Containers at Battle-Dressing Stations.**—12C46.1. First-aid boxes, gun bags, and other medical equipment containers are located on recommendation of the medical department with the approval of the commanding officer. Supplying these containers and teaching the crew their location and use are responsibilities of the medical officer. First aid is directed by the officer in charge of the battle station, when no medical personnel are present.

12C46.2. Turrets, masts, handling rooms, on-deck gun stations; torpedo, fire, and engine rooms; fire control; and other stations not readily accessible, in which officers and enlisted men are stationed in battle, shall be provided with first-aid supplies and equipment. They shall be plainly labeled and readily available.

## 12C47

**Medical Stores at Battle-Dressing Stations.**—12C47.1. The storeroom or locker at each battle-dressing station shall contain sufficient medical supplies and equipment for emergency and battle use.

12C47.2. The contents of the storeroom or locker shall be made a matter of record and carried as a reserve stock.

12C47.3. The contents of these lockers shall not be depleted under any circumstances other than in battle or emergency.

## 12C48

**Water Supply of Battle-Dressing Stations.**—12C48.1. The forward and after battle-dressing stations should be equipped with a fresh-water tank of 200 gallon capacity in vessels with total ship and troop complement over 500, and of 100 gallon capacity in vessels with total ship and troop complement less than 500, except in destroyers and small vessels, which should be equipped with a tank

## SECTION III. MEDICAL DEPARTMENT DUTIES IN EMERGENCIES

of 50 gallon capacity. On ships having an amidships battle-dressing station, this station should be equipped with a tank of 100 gallon capacity.

12C48.2. Each battle-dressing station should be provided with a lavatory connected with the water system. Prior to action, buckets shall be filled with water, as the connections with gravity tanks may be shot away. Drinking water may be augmented by portable scuttlebutts.

## 12C49

**Light for Battle-Dressing Stations.**—12C49.1. There should be a suitable surgical light installed over the operating table at each battle-dressing station. This light should be connected with both the day and battle lighting circuits.

12C49.2. Hand electric battery lanterns shall be provided for each station.

## 12C50

**Sterilizers at Battle-Dressing Stations.**—12C50.1. Sterilizers shall be installed at all stations.

12C50.2. All surgical supplies shall be sterilized before they are placed in the battle-dressing lockers.

## 12C51

**Routes To Be Marked.**—Routes leading to battle-dressing stations shall be indicated by an arrow and a red cross, and hatchways leading to the stations shall be marked ACCESS in red letters. Phosphorescent paint shall be used whenever possible.

## 12C52

**Final Preparation for Battle.**—12C52.1. In addition to the usual equipment transferred from the sick bay and operating room and distributed in the battle-dressing stations, the following articles should be provided for battle lockers: electric fans, with proper connections, water buckets, sand, closed stools, swabs and brooms, washing stands, tables for apparatus, and bedding and mattresses for the wounded.

12C52.2. The supply of dressings at each station shall be dispersed prior to an engagement in order to guard against total loss in case of accident.

12C52.3. All officers and enlisted men shall wear their identification tags.

12C52.4. Emergency medical tags shall be made available and the personnel instructed carefully in their use (par. 5121).

## 12C53

**Chaplain to Assist.**—12C53.1. The chaplain shall visit the sick bay at least once a day unless the patients' conditions render these visits inadvisable.

PT. I, CH. 2C. DUTIES OF MEDICAL OFFICERS AFLOAT

12C53.2. At general quarters, he shall report to his battle-dressing station as directed by the commanding officer (Art. 1245, *Navy Regulations*).

12C54

**Dental Officer to Assist.**—The dental officer shall be assigned to a battle-dressing station.

12C55

**Removal of the Dead and Wounded.**—When opportunity presents, the first-aid parties shall remove the injured to the battle-dressing stations and a list of the dead and wounded shall be prepared. A place shall be assigned for the collection of the dead.

12C56

**Transfer of the Wounded to Hospital Ships.**—When the medical transport or hospital ship is at hand, the seriously wounded shall be transferred as promptly as is consistent with their welfare. A fighting ship should be cleared of such casualties as soon as possible after action. Patients who will probably soon be fit for duty should be retained on board.

12C57

**Reports of Casualties.**—After a battle the medical officer shall make out reports of the killed and wounded in accordance with paragraph 5139.

## PART I—CHAPTER 2D

### DUTIES OF MEDICAL OFFICERS ASHORE

	Paragraphs
Section I. DUTIES OF DISTRICT MEDICAL OFFICER . . . .	12D1–12D2
II. THE MEDICAL OFFICER OF A SHORE STATION	12D3–12D19

#### SECTION I. DUTIES OF DISTRICT MEDICAL OFFICER

	Paragraph
Designation . . . . .	12D1
Duties . . . . .	12D2

#### 12D1

**Designation.**—The senior medical officer assigned to the staff of a commandant of a naval district shall be designated “District Medical Officer.”

#### 12D2

**Duties.**—The district medical officer has the following duties:

12D2.1. To act as liaison officer for the commandant with the Bureau, with the regional inspector of Medical Department activities, with the medical officer of each Medical Department activity in the district on all medical logistics matters under the cognizance of the commandant, and with civilian medical and public health authorities.

12D2.2. To keep the commandant informed of all recommendations or plans for increases in or modifications of naval Medical Department facilities within the district, whether originated locally or received from sources outside the district.

12D2.3. To advise the commandant on the medical aspects of matters pertaining to operational and logistical plans.

12D2.4. To advise the commandant concerning coordination of Medical Department activities of the district with each other, with those of adjacent districts, and with other Federal and local medical agencies.

12D2.5. To investigate and report on the stock levels of medical materials maintained in the medical activities of the district and to consult with the commandant relative thereto, to insure that supplies and equipment are in accord with the current strategic situation.

12D2.6. To advise the commandant with respect to the adequacy and assignment of the civilian and military personnel complements of Medical Department activities of the district, and to make recommendations in regard to increases or reductions therein.

12D2.7. To correlate and insure expeditious medical services by district medical activities to operating forces afloat and overseas bases, particularly with respect to hospitalization, ambulance service, special examinations and treatments, and issue of medical stores to ships.

## PT. I, CH. 2D. DUTIES OF MEDICAL OFFICERS ASHORE

12D2.8. To conduct inspections of Medical Department activities within the district, including those of the Naval Reserve, vessels of the Naval Transportation Service, and miscellaneous craft, as directed by the commandant or by the Bureau; to make reports of these inspections; and to keep the commandant informed concerning sanitary conditions and the prevalence of disease in and around the naval stations in the district.

12D2.9. To formulate and maintain plans for the organization of medical relief work and to prepare the Medical Department contributory plans in accordance with the commandant's plans for the district in times of emergency.

12D2.10. To maintain a roster of all Medical Department personnel in the district, including those of the Naval Reserve.

12D2.11. To advise the commandant concerning communications pertaining to medical activities forwarded to or through the commandant in accordance with Article 1482 (4) (e), *Navy Regulations*.

12D2.12. To inform appropriate local organizations, insofar as security regulations permit, concerning the activities of the Medical Department of the Navy in order to promote cooperative effort.

## SECTION II. THE MEDICAL OFFICER OF A SHORE STATION

	Paragraph
Title .....	12D3
General Responsibilities .....	12D4
Sanitary Reports .....	12D5
Monthly Industrial Health Report .....	12D6
Complement of the Medical Department .....	12D7
Family Care .....	12D8
Physical Examination and Medical Treatment of Civil Employees.....	12D9
Reports of Sick .....	12D10
Examination of Recruits and Candidates .....	12D11
Reports of Death .....	12D12
Accountability for Property .....	12D13
Inspection of Medical Supplies .....	12D14
Suggestions to the Commandant .....	12D15
Reports on Subordinates .....	12D16
Muster and Discipline of Enlisted Men .....	12D17
Inspection of Ships .....	12D18
The Drug Room .....	12D19

## 12D3

**Title.**—The officer in charge of the medical department of a shore station shall have the following title: "The Medical Officer." He shall be the officer of the Medical Corps detailed for this duty (Art. 1518, *Navy Regulations*).

## 12D4

**General Responsibilities.**—12D4.1. The medical officer of a shore station, under the direction of the commandant or commanding officer, shall be responsible for the preservation of the health of personnel assigned to the station and for the care of the sick and injured. He shall supervise the hygiene and sanitation of the station and shall recommend measures to prevent or diminish disease or injuries.

## SECTION II. THE MEDICAL OFFICER OF A SHORE STATION

Reference should be made to Part I, Chapter 2B, for additional basic responsibilities not specified in this chapter.

12D4.2. He shall examine monthly and note in the journal the sanitary condition of all public buildings, the drainage, the sewerage, the adequacy and quality of the water supply, the clothing and habits of the men, the character and cooking of food, and report in writing the conditions to the commandant or commanding officer, together with such recommendations as he may deem proper (Art. 1184, *Navy Regulations*). He shall immediately notify the commandant or commanding officer in writing of any hygienic or sanitary hazard existing in areas adjacent to the station which in his opinion bears adversely on the health of naval personnel.

## 12D5

**Sanitary Reports.**—12D5.1. Quarterly sanitary reports shall be prepared and forwarded to the Bureau in accordance with instructions in paragraphs 35D7, 35D8, and 35D9.

12D5.2. A special sanitary report shall be made at any time when an emergency arises in or surrounding the station and forwarded through official channels to the Bureau (Art. 1184, *Navy Regulations*).

## 12D6

**Monthly Industrial Health Report.**—Those shore stations which are designated by directive shall prepare a Monthly Industrial Health Report and forward it to the Bureau, via official channels, by the tenth of the month following the period covered. The purpose of this report is to provide the Bureau with basic information relative to health conditions in the major industrial establishments of the Navy in order to assist the Bureau in formulating industrial health policies. The report shall be prepared in accordance with instructions in paragraph 5133.

## 12D7

**Complement of the Medical Department.**—Whenever circumstances indicate that the complement or allowance of medical department personnel should be modified, the medical officer shall submit a request for modification, with justification, to the commandant or commanding officer for his information and action.

## 12D8

**Family Care.**—12D8.1. Medical officers shall attend the families of officers and enlisted men, including those of men transferred to the Fleet Reserve after 16 or more years' naval service and those of men on the retired list, residing in the navy yard or station, or within such reasonable distance from the naval dispensary as shall be determined by competent authority.

## PT. I, CH. 2D. DUTIES OF MEDICAL OFFICERS ASHORE

12D8.2. Except in cases of emergency, medical care as contemplated in 12D8.1 will be available only during the regular working hours of the yard, station, or office, and provided it may be accorded without interference with the medical officer's other duties (Art. 1185, *Navy Regulations*). (See, also, Part IV, Chapter 1.)

## 12D9

**Physical Examination and Medical Treatment of Civil Employees.**—Detailed information on this subject is included in paragraph 21136 and in Part IV, Chapter 1.

## 12D10

**Reports of Sick.**—The medical officer shall make a daily report to the commandant or commanding officer of all persons in the naval service attached to the station who should be excused from duty on account of sickness, and shall furnish to the commanding officer of the component of U. S. Marine Corps, if any, a copy of so much of the report as pertains to that organization (Art. 1541, *Navy Regulations*).

## 12D11

**Examination of Recruits and Candidates.**—The medical officer shall examine recruits who may offer to enlist in the Marine Corps at the station, and all candidates for appointment or enlistment in the Navy who may present themselves under proper authority (Art. 1540 (2), *Navy Regulations*).

## 12D12

**Reports of Death.**—See Part III, Chapter 4.

## 12D13

**Accountability for Property.**—The medical officer is responsible and accountable for all property under his control belonging to the Medical Department of the Navy (Art. 1194, *Navy Regulations*).

## 12D14

**Inspection of Medical Supplies.**—The inspection of medicines and other medical department supplies shall be made by the medical officer, or by a junior medical officer under his direction (Art. 1616, *Navy Regulations*).

## 12D15

**Suggestions to the Commandant.**—The medical officer shall make to the commandant or commanding officer such suggestions in the line of his profession as he considers for the interest of the service (Art. 1529, *Navy Regulations*).

## SECTION II. THE MEDICAL OFFICER OF A SHORE STATION

## 12D16

**Reports of Fitness on Subordinate Officers.**—The reports by the medical officer of a naval station on his subordinates shall be forwarded to the commandant or commanding officer for his comment and endorsement with special reference to military questions (Art. 137 (5), *Navy Regulations*).

## 12D17

**Muster and Discipline of Enlisted Men.**—The medical officer shall be responsible for the muster and discipline of personnel within his department (Art. 1514, *Navy Regulations*).

## 12D18

**Inspection of Ships.**—The medical officer or his subordinates shall, when directed, inspect ships going into or out of commission to determine the adequacy of medical department equipment and supplies (Art. 1530, *Navy Regulations*).

## 12D19

**The Drug Room.**—No drugs or medical supplies of any kind shall be issued except on the order of a medical officer. Alcohol, narcotics, and poisons shall be received, stored, and issued only in accordance with paragraphs 12B20, 12B21, and 12B22.



## PART I—CHAPTER 2E

### SPECIAL ACTIVITIES

Section I. MEDICAL SERVICE FOR AMPHIBIOUS OPERATIONS .....	Paragraphs 12E1–12E18
II. FIELD SERVICE .....	12E19–12E39
III. AVIATION SERVICE .....	12E40–12E46
IV. SUBMARINE AND DIVING SERVICES .....	12E47–12E53
V. NAVAL ADVANCED BASE ORGANIZATION ...	12E54–12E58

#### SECTION I. MEDICAL SERVICE FOR AMPHIBIOUS OPERATIONS

The material necessary for a proper discussion of the subject of this section has been included in a restricted publication of the Commander in Chief, United States Fleet, entitled *Medical Service in Amphibious Operations*. Reference should, therefore, be made to this publication for instructions concerning the responsibilities of the Medical Department in amphibious operations.

#### SECTION II. FIELD SERVICE

The material necessary for a proper discussion of the subject of this section has been included in a restricted publication of the Commander in Chief, United States Fleet, entitled *Medical Service in Amphibious Operations*. Reference should, therefore, be made to this publication for instructions concerning the responsibilities of the Medical Department in field service.

#### SECTION III. AVIATION SERVICE

	Paragraph
Flight Surgeons and Medical Examiners .....	12E40
Flight Surgeons, Assignments Aboard Ships or at Shore Stations.....	12E41
Flight Surgeons Assigned to Aviation Units .....	12E42
Study of Flight Conditions and Personnel .....	12E43
Recommendations .....	12E44
Emergency Care of Casualties .....	12E45
Transportation of Sick and Wounded Personnel by Air .....	12E46

#### 12E40

**Flight Surgeons and Medical Examiners.—12E40.1.** Flight surgeons and aviation medical examiners are charged with the full responsibilities of naval medical officers. In virtue of their special training, they shall, in addition, be specifically concerned with the physical fitness and welfare of all flying personnel.

12E40.2. Flight surgeons and aviation medical examiners are assigned to the following type commands: (a) Naval air stations; (b) aircraft carriers, as senior or junior medical officers; (c) tenders or at fleet air wing advanced bases, as wing medical officers; (d) carrier groups ashore or at advanced bases; (e) aircraft wings of the fleet marine force, ashore or at advanced bases; (f) advanced aircraft

## PT. I, CH. 2E. SPECIAL ACTIVITIES

support or maintenance bases; (g) Naval Air Transport Service; (h) air-sea rescue squadrons; and (i) to certain of the commands listed above, as staff medical officers. They may also be assigned as medical liaison officers and, as circumstances permit, to naval hospitals for refresher training in general medicine and surgery.

## 12E41

**Flight Surgeons, Assignments Aboard Ships or at Shore Stations.**—In general, flight surgeons are assigned either as senior or junior medical officers in air commands afloat or ashore. If the flight surgeon is junior in rank to the medical officer of the ship or station, he shall be the assistant to the latter. He shall, however, be given every opportunity and all possible assistance in the performance of his special duties and in the acquisition of additional information relative to the special problems of flying. The physical fitness of all flying personnel attached to the command, their physical and psychological readiness for duty, must be his primary concern.

## 12E42

**Flight Surgeons Assigned to Aviation Units.**—When an aviation unit such as an air group or squadron reports aboard a ship or at a naval aviation shore facility, the flight surgeon assigned as medical officer of the unit shall be under the administrative cognizance of the medical officer of the ship or aviation shore facility. The medical care and welfare of aviation unit personnel shall, however, remain the primary responsibility of the unit flight surgeon.

## 12E43

**Study of Flight Conditions and Personnel.**—The flight surgeon, in order to carry out his primary duties in connection with the care and welfare of flying personnel in his command, shall associate himself with the immediate environment of the pilot as closely as possible. He must come to know intimately each pilot and aircrewman, his personality and different moods, in order that he may readily note any psychological changes or tensions and take steps to ameliorate them whenever possible. The flight surgeon shall recommend suspension of personnel from flying whenever, in his judgment, they are not fit to undertake flight duties without serious risk to the success of the mission or to themselves. The flight surgeon shall take advantage of opportunities afforded him to accompany pilots on flights in order to become familiar with the conditions under which flying personnel perform their various duties, and to gain further knowledge on the physical and psychological stresses of flying.

## 12E44

**Recommendations.**—Based on his technical knowledge and special training, the flight surgeon shall make appropriate reports and

## SECTION III. AVIATION SERVICE

recommendations to the commanding officer, via the medical officer, concerning the following:

(a) Physical fitness of flying personnel, collectively and individually, as determined by observation and by flight physical examinations.

(b) Measures for the promotion of the physical welfare of flying personnel, with particular reference to physical exercise, recreation, and rest and leave periods.

(c) Measures that will contribute to the promotion of flight safety.

## 12E45

**Emergency Care of Casualties.**—12E45.1. **GENERAL.**—(a) Flight surgeons and aviation medical examiners shall be responsible for providing adequate medical facilities for the emergency care of casualties. Hospital Corps personnel assigned to aviation activities shall be thoroughly trained in first aid, with special emphasis on first aid for injuries most likely to occur during flight operations. Such training shall include the removal and handling of casualties from aircraft, artificial respiration, and the use of resuscitators.

(b) The flight surgeon shall be responsible for the training of all pilots and aircrewmembers in first aid. He shall also see that all flight personnel are thoroughly indoctrinated in the use of oxygen and in principles and practices of night vision.

12E45.2. **AVIATION ACTIVITIES ASHORE.**—Emergency bills shall be prepared to enable the medical department to render prompt and effective assistance in the event of an aircraft crash. Medical aid shall be available at all times during flight operations. When flight operations are performed at distant or outlying fields a medical officer or corpsman shall be in attendance until flying is secured.

12E45.3. **AVIATION ACTIVITIES AFLOAT.**—Emergency bills shall be prepared to cover flight operations. Specific and routine duties of medical personnel are outlined in the ship's flight quarters bill.

## 12E46

**Transportation of Sick and Wounded Personnel by Air.**—

12E46.1. **BUREAU RESPONSIBILITY FOR PROGRAMS.**—The Bureau has responsibility for the development and employment of medical facilities, techniques, and procedures for air transportation of patients in naval aircraft. It provides for the training of specialized personnel for assignment to medical duties in connection with air transport, the operational maintenance and improvement of medical services and facilities required, the designation of hospitals to which patients shall be transported by air, the preparation of estimates of medical requirements, and the maintenance of necessary records. In coordinating the transport of patients by air, the Bureau maintains appropriate liaison with the Deputy Chief of Naval Operations (Air) and the Naval Air Transport Service.

12E46.2. **AIR TRANSPORTATION OF PATIENTS WITHIN THE CONTINENTAL LIMITS.**—(a) Medical officers, senior medical officers of shore

## PT. I, CH. 2E. SPECIAL ACTIVITIES

activities, and medical officers in command of naval hospitals desiring to transfer patients by air shall submit requests for transportation to the district medical officer, indicating by class the number of patients for which air transport is desired, as follows:

Class 1 (a) .....	Mental (major psychotic).
Class 1 (b) .....	Security mental (lock ward).
Class 1 (c) .....	Open ward, mental.
Class 2 .....	Bed patients.
Class 3 .....	Hospital ambulant.
Class 4 .....	Troop class, requiring no attendants.

(b) District medical officers shall effect the necessary arrangements with the Bureau and the Naval Air Transport Service for air transportation of patients as may be required, in accordance with current directives.

(c) Appropriate medical, Hospital Corps, or Nurse Corps attendants shall be provided for the accompaniment of patients in air transit as may be required. When such attendants are not regularly provided by the Naval Air Transport Service, the district medical officer shall direct the appropriate assignments of attendants to accompany the patients. Normally such attendants shall be provided by the hospital or activity requesting the service. The district medical officer shall arrange for the necessary orders for the assignment of attendants and for their return on completion of their mission. Field activities and district medical officers shall be guided by current directives of the Bureau and the Naval Air Transport Service in the provision of attendants for the air transportation of sick and wounded.

12E46.3. AIR TRANSPORTATION OF PATIENTS IN THE FLEET.—Transportation of patients by air within the fleet will normally be subject to the cognizance of the fleet command. Arrangements for transportation of patients in the fleet shall therefore be made in accordance with current directives of fleet commands.

## SECTION IV. SUBMARINE AND DIVING SERVICES

	Paragraph
General Duty .....	12E47
Inspections .....	12E48
Instruction of Personnel .....	12E49
Venereal Diseases .....	12E50
Annual Sanitary Report .....	12E51
Physical Examinations .....	12E52
Illness Due to Occupational Hazards .....	12E53

## 12E47

**General Duty.**—12E47.1. Submarine service and diving service are correlated duties. Problems of air conditioning and the physiological effects of increased air pressure are of great importance. It is essential that medical officers detailed to submarine or diving duty thoroughly familiarize themselves with these conditions, their effects, and the required protective measures. This understanding should include a clear appreciation of: The relative importance of air temperature, humidity, and turbulence as they affect a satisfactory air

## SECTION IV. SUBMARINE AND DIVING SERVICES

condition; factors peculiar to submarines that affect air condition; the physiology of respiration under increased air pressure; and safety measures provided for personnel, the principle of their operation, their mechanism, the proper mode of operating them, and a method of effectively inspecting them.

12E47.2. Personnel detailed to submarine and diving duty represent a select group working under stress of hazard. In submarines their work requires close personal contact and a high degree of cooperation. The morale of such a crew demands men physically fit and functioning without friction, and the medical officer has a major responsibility in assisting to maintain this morale. He should make a conscientious effort to acquire the trust and confidence of his submarine crews, becoming sufficiently familiar with the personnel to detect and treat early signs of physical disease or mental deterioration and giving incoming drafts a critical inspection for any factors detrimental to the physical or mental health of the crew. The obviously unfit should be hospitalized and doubtful cases held for observation.

12E47.3. The medical officer detailed with submarine or diving personnel is in a position to observe the function of these activities in actual practice. He should observe them critically from the point of view of detecting defects or recommending improved appliances or practices affecting the health of personnel, and should report upon them to the Bureau for analysis and development.

## 12E48

**Inspections.**—12E48.1. In addition to making routine inspections of personnel and matériel, the medical officer attached to a submarine squadron shall, with the approval of his commanding officer or superior officer, frequently make a sanitary inspection of each submarine with regard to the adequacy and condition of supplies for first aid and proficiency of personnel assigned to administer first aid; the condition of submarine escape appliances; the condition of special emergency canisters for attachment to the submarine escape appliance; the readiness for use of oxygen cylinders and carbon dioxide absorbent; an emergency supply of food and drinking water in each compartment; and the condition of living spaces as to cleanliness, bedding and vermin, air condition, food preparation, etc.

12E48.2. The medical officer attached to a submarine squadron should observe the submarine under operating conditions, in order to familiarize himself with the living and working conditions on board and to obtain a direct knowledge of the methods provided for the protection of the personnel against all possible atmospheric and other hazards under both surface and submerged conditions. Reference should be made to current Bureau instructions and the *Bureau of Ships Manual*.

12E48.3. The medical officer shall examine all personnel prior to a patrol run or prolonged cruise to detect physical or emotional conditions likely to lead to disability during the cruise. Upon the completion of such a patrol run or prolonged cruise, the medical officer

## PT. I, CH. 2E. SPECIAL ACTIVITIES

shall confer with the commanding officer and the pharmacist's mate regarding the physical state and psychological behavior of the crew during patrol. He shall perform a complete physical examination and have performed a thorough dental examination of all officers and men, giving particular attention to the emotional state of each individual. Appropriate action resulting from the examination shall be taken and a report included in the Annual Sanitary Report.

## 12E49

**Instruction of Personnel.**—12E49.1. The medical officer shall instruct all submarine personnel, both officers and men, in first aid and submarine hygiene, emphasizing artificial respiration; the treatment of oil and acid burns; the protection of the ears against increased air pressure; the protection of the eyes from electric flash; protection against atmospheric hazards such as chlorine gas, carbon monoxide, increased carbon dioxide, oxygen deficiency, arsine, hydrogen, and heat prostration; air conditioning; handling of accidents occurring during the use of the submarine escape appliance; compressed-air illness; and day and night vision.

12E49.2. Pharmacist's mates attached to submarines should receive special instruction for independent duty, with particular emphasis on the indications for, and the technique of, the administration of blood substitute and other intravenous therapy. It must be borne in mind that the pharmacist's mate is the only Medical Department representative aboard a submarine and thus must be carefully selected and as highly trained as practicable for any exigency which may arise.

## 12E50

**Venereal Diseases.**—12E50.1. Active venereal disease cases generally should not be retained on board submarines. Cases of gonococcus infection, urethra, that develop after sailing shall be treated by the pharmacist's mate when transfer is not practicable. Treatment shall conform to the generally accepted therapy. Treatment resistant cases and those developing complications shall be transferred to Medical Department facilities as soon as practicable.

12E50.2. If open genital lesions develop after sailing, treatment must be at the discretion of the pharmacist's mate and the commanding officer. Diagnosis should be as definite as possible and proper hygienic procedures initiated. Such lesions shall usually be treated only with normal saline dressings to facilitate later diagnosis and to avoid reactions. All such cases shall be admitted to the sick list and transferred to an adequate medical facility as soon as practicable.

12E50.3. Cases of venereal diseases so transferred shall be returned to duty aboard submarines when in the opinion of the medical officer such cases are no longer infectious and medical facilities are adequate to continue treatment.

12E50.4. Men with a history of syphilis shall not be found physically qualified for training in submarine duty. Those who contract syphilis after being so trained may be returned to duty aboard sub-

## SECTION IV. SUBMARINE AND DIVING SERVICES

marines when in the opinion of the medical officer no further treatment is indicated.

12E50.5. The medical officer, with the approval of the senior officer present, shall hold frequent venereal inspections of the crew. He shall supply submarines with adequate prophylactic facilities and be responsible for the instruction of the crew in all phases of venereal disease control.

## 12E51

**Annual Sanitary Report.**—The medical officer shall observe carefully the effects of submarine duty on the personnel and report to the Bureau in the Annual Sanitary Report (pars. 35D10-35D12) the results of his observation and the steps taken and recommendations made to remedy the effects found. The following are examples of subjects which may be included in the Annual Sanitary Report:

- (a) Effects on personnel of protracted service in submarines.
- (b) Conditions arising from deleterious atmospheric conditions.
- (c) Diseases or disabilities peculiar to duty in submarines.
- (d) Ventilation, use of air-purification apparatus, etc.
- (e) Eye strain in relation to periscope work; effects of electric welding on the eyes.
- (f) The submarine ration.
- (g) Dark adaptation and night visual acuity.

## 12E52

**Physical Examinations.**—12E52.1. Physical examinations of submarine and diving personnel shall be conducted in accordance with instructions contained in paragraphs 21133 and 21134. In the physical examination and treatment of such personnel, particular emphasis shall be placed upon dental, otological, and nasopharyngeal conditions and upon the emotional stability of the individual.

12E52.2. The medical officer shall examine all officers and enlisted men who are candidates for the course of instruction at the Deep Sea Diving School, Navy Yard, Washington, D. C. Applicants for the designation of diver must meet the physical requirements of deep sea diving as set forth in paragraph 21134. Scrupulous care should be taken that the physical standards are satisfied in order that rejections at the Deep Sea Diving School may be avoided as far as possible. Candidates for training for diver, second class, to be carried out on board naval vessels, shall satisfy the same physical requirements prescribed for applicants for the Deep Sea Diving School.

12E52.3. All divers shall undergo a complete physical examination in January of each year in order to determine their physical qualifications to continue in this activity. A notation to this effect shall be placed in the Health Record. Under ordinary circumstances divers over 40 years of age are automatically disqualified from diving more than 15 fathoms (par. 21134.3).

12E52.4. Divers shall ordinarily be examined prior to each dive. In extensive rescue or salvage operations, however, with men descending day after day, the initial examination shall be made and subsequent examinations shall be at the discretion of the medical officer.

## PT. I, CH. 2E. SPECIAL ACTIVITIES

## 12E53

**Illness Due to Occupational Hazards.**—12E53.1. All cases of disease or injury that can be directly attributed to factors peculiar to submarine or diving duty should be admitted to the sick list, if only for record, in order that statistical data may be complete for these diseases.

12E53.2. The medical officer shall submit promptly to the Bureau in duplicate a Report of Caisson Disease or Diving Accident (NAVMED-816) for each case of compressed air illness, air embolism, diver's squeeze, or other type of diving accident. Asphyxiation cases which do not present evidence of caisson disease or other serious types of diving accident, but which require some form of artificial resuscitation, shall be reported in accordance with paragraph 5143.

12E53.3. When special rescue or salvage operations involve extensive diving, the medical officer shall report the medical aspects of the operation to the officer-in-charge for inclusion in the salvage report. The medical officer shall include a summary of the number and duration of dives per diver, depth, decompression schedules and departures therefrom, and the number of diving accidents.

## SECTION V. NAVAL ADVANCED BASE ORGANIZATION

	Paragraph
Definition .....	12E54
G-Components .....	12E55
Hospitals .....	12E56
Staff Medical Officer .....	12E57
Training .....	12E58

## 12E54

**Definition.**—Advanced Base Organization is a general term meaning any advanced base functional component, advanced base unit, or advanced base assembly either in standard or modified form.

## 12E55

**G-Components.**—G-Components of appropriate size and number are generally included in advanced base units and advanced base assemblies and become the functioning medical facility of the organization when put into operation.

## 12E56

**Hospitals.**—In the larger advanced base organizations, G-2 or G-4 components are generally included, and upon assuming an operational status are designated as base hospitals. A second type of hospital found in the advanced base area is the fleet hospital. This latter type of hospital has the status of a commissioned unit of the fleet but for administrative purposes its command relationship is integrated with that of the local shore based command.

## SECTION V. NAVAL ADVANCED BASE ORGANIZATION

## 12E57

**Staff Medical Officer.**—There is normally a staff medical officer for each advanced base command. For administrative purposes he should be the senior medical officer of the area and should begin to function with the earliest establishment of the base. In general the staff medical officer's duties are analogous to those of a district medical officer but specifically he should perform the following duties:

- (a) Supervise and coordinate all Medical Department activities of the command.
- (b) Advise and make recommendations to the commanding officer on all medical matters affecting the command.
- (c) Initiate and supervise a coordinated program for the reception and evacuation of casualties and sick.
- (d) Maintain close liaison with other U. S. and Allied military activities in the local areas.
- (e) Coordinate, through liaison or otherwise, all activities of interest to the public health of the area such as malaria control, quarantine, etc.
- (f) Maintain liaison with the force medical officer.

## 12E58

**Training.**—The tactical training of all personnel on assignment for advanced base activities either in functional components or fleet hospitals is under the cognizance of the Chief of Naval Operations. This training is carried out in well-planned instructional courses designed to indoctrinate the personnel in sound military tactics, to familiarize them with their equipment and the organizational setup, and to give them some idea of the conditions under which advanced base activities operate. Medical officers who are interested in advanced bases and desire further information relative to advanced bases should refer to the following publications issued by the Chief of Naval Operations: *Manual of Training for Advanced Base Units and Training Activities* (OpNav 30-11-A3); *Manual of Advanced Base Development and Maintenance* (OpNav 30-11-A1); and *Training Manual of the Acorn Training Detachment* (OpNav 30-11-A2).



## PART I—CHAPTER 3

### THE DENTAL CORPS

	Paragraphs
Section I. ESTABLISHMENT AND ORGANIZATION .....	131-132
II. APPOINTMENTS .....	133-1314
III. ADVANCEMENT IN RANK .....	1315-1321
IV. GENERAL DUTIES OF DENTAL OFFICERS .....	1322-1332
V. DENTAL PROPERTY .....	1333-1335
VI. DENTAL REPORTS .....	1336-1343
VII. DENTAL OFFICERS AFLOAT .....	1344-1348
VIII. DENTAL OFFICERS ASHORE .....	1349-1355
IX. THE NAVAL RESERVE (DENTAL CORPS) .....	1356-1357
X. TRAINING AND PUBLICATIONS .....	1358-1362

#### SECTION I. ESTABLISHMENT AND ORGANIZATION

	Paragraph
Establishment .....	131
Organization .....	132

#### 131

**Establishment.**—The establishment of a Dental Corps as a distinct staff corps within the Medical Department of the Navy was authorized by provisions of the Act of August 22, 1912 (ch. 335, 37 *Stat.* 328, 344-345). The above-mentioned provisions of the Act of August 22, 1912, were superseded by provisions of the Act of August 29, 1916 (ch. 417, 39 *Stat.* 556, 573-574), relating to the establishment of a Dental Corps as a part of the Medical Department. The above-mentioned provisions of the Act of August 29, 1916, were expressly amended and reenacted by a provision of the Act of July 1, 1918 (ch. 114, 40 *Stat.* 704, 708-710).

#### 132

**Organization.**—The Dental Corps consists of officers in the grades of assistant dental surgeon, with the rank of lieutenant, junior grade; passed assistant dental surgeon, with the rank of lieutenant; and dental surgeon, with the rank of lieutenant commander, commander, captain, or rear admiral (Act of Aug. 29, 1916, ch. 417, 39 *Stat.* 556, 573-574, as amended; Act of June 10, 1926, ch. 529, 44 *Stat.* 717, as amended; Act of Dec. 17, 1942, ch. 738, 56 *Stat.* 1053). The total number of commissioned officers of the Dental Corps is based on the authorized ratio of 1 for each 500 of the actual number of officers and enlisted men of the Navy and Marine Corps (Act of Aug. 29, 1916, ch. 417, 39 *Stat.* 556, 573-574, as amended).

## PT. I, CH. 3. THE DENTAL CORPS

## SECTION II. APPOINTMENTS

	Paragraph
Qualifications for Appointment .....	133
Original Appointments .....	134
Eligibility for Examination .....	135
Form of Application .....	136
Certificates .....	137
Evidence of Additional Qualifications .....	138
Permit for Examination .....	139
Physical Examination .....	1310
Professional Examination .....	1311
Termination of Examination .....	1312
Withdrawal from Examination .....	1313
Disqualification .....	1314

## 133

**Qualifications for Appointment.**—An appointee to the Naval Dental Corps shall be a male citizen of the United States between 21 and 32 years of age. He shall be a graduate of an acceptable dental college, and trained in the several branches of dentistry. Before appointment he must pass mental, moral, physical, and professional examinations before medical and professional examining boards appointed by the Secretary of the Navy (Act of Aug. 29, 1916, ch. 417, 39 *Stat.* 556, 573-574, as amended).

## 134

**Original Appointments.**—Original appointments in the Dental Corps are made in the grade of assistant dental surgeon with the rank of lieutenant, junior grade. Appointments are made, as vacancies occur, in order of the candidate's group lineal position as shown by competitive examination.

## 135

**Eligibility for Examination.**—135.1. A candidate must submit to the Bureau at least 20 days prior to the date of examination an application in his own handwriting giving evidence of ability to meet the qualifications for appointment.

135.2. A senior dental student may submit an application for examination to be held after his graduation. With his credentials there should be included a statement, signed by the dean of the dental school, attesting that the applicant is a member of the senior class. After graduation and at a reasonable time prior to the date of examination, such an applicant must submit to the Chief of the Bureau a statement from an administrative officer of the school setting forth the date of graduation and the degree bestowed.

## SECTION II. APPOINTMENTS

136

**Form of Application.—**

.....  
(Residence)

.....  
(Date)

Sir: I request permission to be examined for appointment in the grade of assistant dental surgeon, rank of lieutenant, junior grade, in the Dental Corps of the United States Navy. I was born at ..... on the ..... day of ..... in the year ..... I am a ..... (native born or naturalized) citizen of the United States, residing in ..... county of ..... in the State of ..... I am (shall be) a graduate of ..... Dental School.

I forward herewith:

- (a) Letters testifying to moral character and habits.
- (b) Certificate of birth and citizenship.
- (c) Certificate of professional education.
- (d) Recent photograph, without hat.

Very respectfully,

.....  
(Signature in full)

Chief of the Bureau of Medicine and Surgery  
Navy Department, Washington, D. C.

137

**Certificates.**—The above application must be accompanied by the following:

- (a) Letters or certificates from two or more persons of good repute testifying from personal knowledge to the applicant's good habits and moral character.
- (b) Satisfactory evidence of age and citizenship. (See par. 12A8.2.)
- (c) Certificates of dental education giving the name of the school and the date of graduation.
- (d) Recent photograph of the candidate, without a hat, preferably 5 x 7 inches in size.

138

**Evidence of Additional Qualifications.**—At the option of the candidate evidence of previous military or institutional service, or of special educational or professional advantages, may be submitted with the application.

139

**Permit for Examination.**—139.1. After a review of the candidate's credentials, provided all requirements are met, the Bureau will recommend to the Bureau of Naval Personnel that he be authorized to appear before a board of medical examiners and a naval examining board for his physical and mental, moral, and professional examinations at a time and place designated by the Bureau.

139.2. No allowance is made for travel or other expenses incurred

## PT. I, CH. 3. THE DENTAL CORPS

by the candidate in appearing for examination (Art. 1838, *Navy Regulations*).

## 1310

**Physical Examination.**—1310.1. A thorough physical examination conducted by a board of medical officers shall precede the professional examination. The candidate shall be required to certify that he is free from all mental, physical, and constitutional defects.

1310.2. If the candidate is found to be physically disqualified the examination is concluded (Art. 1631, *Navy Regulations*).

## 1311

**Professional Examination.**—1311.1. This examination shall be conducted by a board composed of three officers of the Dental Corps, one of whom shall be the senior member thereof.

1311.2. The professional examination shall include the following:

(a) A letter from the candidate to the board describing in detail his general and professional education and experience.

(b) Written and oral examinations in anatomy, physiology, histology, physics, chemistry, metallurgy, dental materia medica and therapeutics, dental pathology and bacteriology, roentgenology, oral surgery, operative dentistry, and prosthodontia.

(c) Clinical examination in operative dentistry, oral surgery, and prosthodontia.

(d) Oral examination on subjects of preliminary education.

## 1312

**Termination of Examination.**—The naval examining board may conclude the examination at any time and may deviate from the plan as outlined above as may seem best for the interests of the naval service.

## 1313

**Withdrawal from Examination.**—Upon written request and with the consent of the board, a candidate may withdraw from further examination without prejudice as to eligibility for subsequent examination.

## 1314

**Disqualification.**—Any candidate who gives a false certificate of age, time of service, or character, or makes a false statement to a board of examiners shall be disqualified.

## SECTION III. ADVANCEMENT IN RANK

	Paragraph
General .....	1315
Examination for Advancement .....	1316
Examination for Advancement to the Rank of Lieutenant.....	1317
Examination for Advancement to the Rank of Lieutenant Commander.	1318
Examination for Advancement to the Rank of Commander .....	1319
Examination for Advancement to the Rank of Captain .....	1320
Examination for Advancement to the Rank of Rear Admiral .....	1321

## SECTION III. ADVANCEMENT IN RANK

## 1315

**General.**—Dental officers are eligible for advancement in rank with their running mates in the line in accordance with the provisions of the Act of June 10, 1926 (ch. 529, 44 *Stat.* 717-724), as amended; and the Act of August 5, 1935 (ch. 439, 49 *Stat.* 530-533), as amended.

## 1316

**Examination for Advancement.**—Dental officers, to be eligible for promotion, must pass such professional, moral, mental, and physical examinations as may be required by the Secretary of the Navy (Arts. 1650, 1661, *Navy Regulations*).

## 1317

**Examination for Advancement to the Rank of Lieutenant.**—A letter from the candidate to the board reporting his general and professional duties since appointment is required. The examination shall include the following subjects: dental and oral surgery, dental materia medica and therapeutics, dental bacteriology and pathology, *Navy Regulations*, *Manual of the Medical Department*, current directives, and military duties.

## 1318

**Examination for Advancement to the Rank of Lieutenant Commander.**—This examination shall be similar in scope to that for lieutenant, except that the candidate will be expected to have greater knowledge and ability in the subjects in which examined.

## 1319

**Examination for Advancement to the Rank of Commander.**—This examination shall be predominantly professional in character, comprehending the subjects of dental and oral surgery, but it shall include also questions pertaining to the organization and administration of dental activities in the Navy.

## 1320

**Examination for Advancement to the Rank of Captain.**—In this examination questions shall be asked on the organization and administration of dental activities in the Navy and on official regulations and instructions.

## 1321

**Examination for Advancement to the Rank of Rear Admiral.**—The mental, moral, and professional examination for advancement to the rank of rear admiral shall be such as the Secretary of the Navy prescribes.

## PT. I, CH. 3. THE DENTAL CORPS

## SECTION IV. GENERAL DUTIES OF DENTAL OFFICERS

	Paragraph
General .....	1322
Assignment .....	1323
Administrative Authority .....	1324
Availability of Services .....	1325
Dental Examinations .....	1326
Prevention of Oral Disease .....	1327
Dental Treatment .....	1328
Dental Prosthetic Treatment .....	1329
Prescriptions .....	1330
Junior Dental Officers .....	1331
Enlisted Dental Personnel .....	1332

## 1322

**General.**—1322.1. The primary duties of dental officers are to prevent and treat diseases and injuries of the jaws, teeth, and closely adjacent structures.

1322.2. Dental officers may be ordered to serve as members of examining boards (Sec. 842, *Naval Courts and Boards*). In addition, they may be assigned such other collateral duties as devolve on officers by virtue of their commissioned status.

1322.3. Instructions set forth in this chapter are but a portion of the general instructions with which dental officers must be familiar. They shall study other chapters of this Manual and the various other official publications such as *Navy Regulations*, *Naval Courts and Boards*, *General Orders*, *Bureau of Naval Personnel Manual*, and current regulations, orders, and instructions.

## 1323

**Assignment.**—Dental officers are assigned to the medical department of the ship or station to which attached (Art. 1178, *Navy Regulations*).

## 1324

**Administrative Authority.**—1324.1. The dental officer of an activity, the senior dental officer attached, is vested with such authority regarding internal operation of the dental establishment as will enable him to administer it in accordance with general instructions contained in the *Manual of the Medical Department* and *Navy Regulations*.

1324.2. It is the intention of the Bureau that dental facilities, subject to local regulations, be operated as a unit and that exercise of administrative authority by the medical officer in matters concerning the dental service be effected through the dental officer.

1324.3. The dental officer shall be unremitting in attention to personnel under his care and shall exact from those under his direction a rigid performance of their duties. He shall take such measures as may be necessary to establish and maintain the highest standards of ethical and professional practice.

## SECTION IV. GENERAL DUTIES OF DENTAL OFFICERS

## 1325

**Availability of Services.**—1325.1. Professional services of dental officers are available to personnel of the naval service on active duty or on the retired list with pay. Dental treatment is also extended to other personnel in accordance with instructions in this Manual (Part IV, Chapter 1) and in current directives.

1325.2. Dental treatment for dependents of naval and Marine Corps personnel shall be administered only as an adjunct to in-patient hospital care (Act of May 10, 1943, ch. 95, 57 *Stat.* 80-81). In general, this provision covers injuries, such as fractures of the maxilla or mandible, and acute infections, but does not include routine dental operative or prosthetic treatment. Dependents shall not be admitted to naval hospitals for the purpose of accomplishing such dental procedures as alveolectomy, cystectomy, apicoectomy, gingivectomy, removal of impacted teeth, or other services not within the spirit of the general exception set forth in this subparagraph.

1325.3. Practical limitations imposed by law, which fixes the total number of dental officers in direct proportion to the number of active personnel, preclude the extension of naval dental service to members of the Fleet Reserve and the Fleet Marine Corps Reserve in an inactive status, except as an incident to hospitalization under conditions analogous to those set forth in 1325.2 above.

1325.4. No fee or charge of any kind shall be exacted or accepted for any service.

## 1326

**Dental Examinations.**—1326.1. Every officer and enlisted man shall be thoroughly examined by a dental officer as soon as possible after enrollment. The findings of such examination shall be recorded on NAVMED-H-4 (Dental Record) in accordance with instructions contained in Part II, Chapter 2. In addition to a careful record of the dental condition, the full name (including middle name), rank or rate, and file or service number shall be inserted. (See par. 12B16.)

1326.2. Subsequent examinations shall be made at appropriate times to maintain dental health. Whenever possible, special attention in this respect shall be accorded personnel serving in, under orders to, or recently returned from, ships or stations without adequate naval dental facilities. Such examinations may be recorded locally but should not be entered in detail in the Dental Record.

1326.3. Upon reenlistment, extension of enlistment, promotion, or appointment from enlisted to officer grade, a complete dental examination shall be made and recorded in duplicate on NAVMED-H-4. The original shall be inserted in the Health Record; the copy shall be forwarded to the Bureau with NAVMED-H-2 (Physical Examination sheet).

1326.4. When dental examinations are required to be made and recorded on NAVMED-Y and NAVMED-AV-1 as parts of physical examinations, markings described in Part II, Chapter 2, shall be used. Care shall be taken to indicate in each case whether or not the examinee meets the dental requirements related to the purpose of the

## PT. I, CH. 3. THE DENTAL CORPS

examination. In border-line cases, especially when there is any possibility of normally recorded findings being interpreted incorrectly, special effort shall be made to denote significant details.

1326.5. Dental examinations shall be made by a dental officer when practicable. If not himself a member of a board of medical examiners conducting an examination, he shall submit a signed report of his findings to the board. When NAVMED-Y and NAVMED-Av-1 are used, the dental sections of the forms, properly completed and signed, constitute such a report. (See par. 12B18.)

1326.6. Special dental examinations such as those prescribed in connection with the determination of fitness for submarine duty, deep-sea diving training, assignment to recruiting duty, etc., are covered in Part II, Chapter 1.

## 1327

**Prevention of Oral Disease.**—1327.1. Measures to prevent disease of the teeth and associated structures and to promote oral health shall be employed by the dental officer to the maximum extent possible.

1327.2. The dental officer shall make recommendations to the head of the department regarding dissemination of such information concerning oral hygiene and dietary and sanitary measures as conduces to prevention and control of dental caries, periodontal disease, and infectious disorders of the mouth. He shall, in addition, instruct patients individually, when practicable, in those measures.

## 1328

**Dental Treatment.**—1328.1. The care and treatment of dental disabilities are direct professional responsibilities of the dental officers.

1328.2. All treatment within the field of dentistry shall be rendered by dental officers, except in emergencies when a dental officer is not available. Oral prophylactic treatment may be rendered by qualified personnel when directed by and under the supervision of a dental officer.

1328.3. When facilities are adequate, the dental deficiencies of each patient dependent upon the activity for treatment shall be corrected so that the patient will be placed in an "All Treatment Completed" status. When facilities are limited and it is impossible to render complete treatment to all requiring attention, the gross dental defects shall first be corrected to the extent that the necessity for additional dental treatment will not be expected for a period of six or more months, viz., essentially treated. After "Essential Treatment" for all personnel requiring treatment is accomplished, as many patients as possible shall then be provided complete treatment. In this manner dental officers will accomplish the greatest good for the greatest number dependent upon the activity for dental care.

1328.4. The dental officer shall inform the medical officer of any diseases or conditions discovered while examining or treating patients which require medical attention.

1328.5. The dental officer shall consult with the medical officer

## SECTION IV. GENERAL DUTIES OF DENTAL OFFICERS

regarding all cases requiring or likely to require collaboration in treatment.

1328.6. When dental treatment is indicated but not required for the safety or health of the command, and is refused by the patient, appropriate entries shall be made in NAVMED-H-4 (Dental Record) and NAVMED-H-8 (Medical History sheet).

1328.7. When dental treatment is required for the safety or health of the command but refused by the patient, the case shall be reported to the head of the department.

1328.8. Dental prosthetic treatment shall be performed by the dental officer only in activities duly authorized to provide such treatment, except that minor repairs or adjustments to prosthesis may be effected with such facilities as may be at hand.

1328.9. Dental officers shall not treat prospective applicants for commission or enlistment in the regular or reserve Navy or Marine Corps with a view to correcting defects, disqualifications, and disabilities barring them from enlistment or appointment.

1328.10. Whenever, in his opinion, it is necessary to place dental patients on the binnacle list or sick list, the dental officer shall notify the medical officer.

1328.11. The dental officer shall advise the medical officer concerning the discharge of, or granting of liberty to, dental patients on the sick list.

## 1329

**Dental Prosthetic Treatment.**—1329.1. Authority is granted activities containing authorized prosthetic facilities to furnish dental prosthetic treatment to all personnel of the Navy and Marine Corps on active duty, to members of the Coast Guard on active duty with the Navy, and to other personnel authorized by current directives, when such treatment is deemed by the dental officer to be necessary for the promotion of physical fitness and is in accordance with existing instructions and regulations. For all other personnel advance authority of the Bureau is required.

1329.2. Dental prosthetic treatment shall be deemed necessary for physical fitness, within the meaning of the term as noted in 1329.1, only in cases involving the restoration of extensive loss of masticatory function. Such treatment may be extended also to patients whose dental deficiencies cannot be classified in that category, provided such deficiencies resulted from injuries sustained in the performance of duty or from the removal of infected anterior teeth subsequent to entry into the service.

1329.3. The dental officer of an activity having no prosthetic facilities shall make direct arrangements, as regulated by local authority, with a convenient activity having prosthetic facilities for the necessary prosthetic treatment of a patient. Such arrangements shall be made after the patient's mouth has been prepared for prosthesis. The patient shall be regarded as prepared for prosthesis only after all surgical, operative, and prophylactic treatment has been completed to such an extent as to obviate any further attention by the prosthetic facility.

## PT. I, CH. 3. THE DENTAL CORPS

1329.4. Should station facilities be inadequate to complete all prosthetic cases, edentulous patients shall be given priority in treatment. Prosthetic treatment for others shall be provided in sequence of relative urgency, giving due consideration to those who have lost teeth in the line of duty and to those who are to be transferred to areas where naval prosthetic facilities are not available.

1329.5. A NAVMED-L shall be prepared by the dental officer of prosthetic facilities for each patient who receives prosthetic treatment (par. 1338).

1329.6. The procedure prescribed by Part III, Chapter 1, Section III, shall be followed when prosthetic dental treatment must be obtained from other than authorized naval prosthetic dental facilities.

## 1330

**Prescriptions.**—1330.1. Prescriptions for drugs used in dental treatment shall be written on official prescription forms and signed by the dental officer. (See par. 12B21.)

1330.2. Provisions shall be made to insure compliance with directions set forth in paragraphs 12B20, 12B21, and 12B22 when poisons and narcotics are prescribed.

## 1331

**Junior Dental Officers.**—1331.1. Junior dental officers shall conform to the directions of the dental officer in matters within his cognizance and responsibility.

1331.2. Junior dental officers shall exert the greatest care and diligence in treating patients and shall exact from those under their direction a rigid performance of their duties.

## 1332

**Enlisted Dental Personnel.**—1332.1. Members of the Hospital Corps shall be assigned to the dental officer for duty in the dental activity. Except those under temporary instruction in the dental activity to complete their general Hospital Corps training, personnel so assigned shall, when possible, be trained and designated dental operating room or prosthetic laboratory dental technologists.

1332.2. The dental officer shall submit to the commanding officer via the medical officer estimates of the number and class of technologists needed for efficient operation of the dental unit whenever the requirements are altered appreciably because of personnel, physical facilities, or work load changes.

1332.3. Hospital corpsmen assigned dental duties, except those with the designator (DP), are required to prepare themselves for general medical department duties as outlined in Part I, Chapter 5, and for that purpose they shall undergo such training and instruction as may be required.

1332.4. The services of hospital corpsmen designated as dental technologists shall ordinarily be utilized in the dental activity of the ship or station to which they are attached.

## SECTION V. DENTAL PROPERTY

## SECTION V. DENTAL PROPERTY

	Paragraph
Dental Property .....	1333
Allotments for Dental Property .....	1334
Requisitions .....	1335

## 1333

**Dental Property.**—1333.1. The dental officer shall receipt to the medical officer for all dental property under his charge and shall be held accountable for its care and preservation (Art. 1182, *Navy Regulations*).

1333.2. He shall maintain a complete custody record of nonexpendable dental material agreeing with the articles on charge as shown by the property records of the medical officer, and he shall not be released from responsibility for the value of any item unless expenditure shall have been authorized by the Bureau, by a report of property survey approved by the Bureau or other competent authority, or by transfer authorized by the Bureau or other competent authority (Art. 1182, *Navy Regulations*).

1333.3. The dental officer shall keep himself informed at all times of the expendable dental supplies in the ship or station. He shall be apprised as necessary, or shall himself keep a current record, of such supplies as used and of issues from the storeroom, together with an account of stores remaining. From this data an issue rate showing the consumption in terms of units per dental officer for certain periods of time shall be maintained. The rate of issue per dental officer shall be determined in addition to the rate of issue per personnel factor as shown by the medical department stores records.

1333.4. The dental officer shall report to the Bureau, via official channels, any material found unsatisfactory or in excess of needs.

1333.5. Alcoholic solutions, narcotics, and poisons under the charge of the dental officer shall be kept under lock and key or in a safe. Keys or combinations to the place of safekeeping shall remain in the possession of the head of the department or the dental officer at all times, except that a copy of a safe combination in a properly sealed envelope may be given to such officer as may be designated by the commanding officer.

1333.6. Precious metals shall be safeguarded in the same general manner as prescribed for poisons. Special means shall be employed to insure that no loss shall occur because of carelessness in handling, lack of reclaiming or recovering devices on equipment used in processing, theft, improper fabrication, or other preventable cause.

1333.7. Every effort consistent with station efficiency shall be made to salvage precious metal scrap. In January and July of each year, amalgam scrap, gold and platinum scrap, precious metal bench sweepings, and polishings residue shall be packaged separately and forwarded to the supply officer of the ship or station, via the medical department property officer, for disposal. Immediate disposal of precious metal scrap shall be made according to the above directions when a ship or station is decommissioned.

## PT. I, CH. 3. THE DENTAL CORPS

1333.8. Any precious metal taken from a patient's mouth shall be given to the patient and an entry of the fact made on the individual's NAVMED-H-4.

## 1334

**Allotments for Dental Property.**—The Bureau does not grant separate allotments for dental stores, but the dental officer shall be apprised, or shall himself maintain records, of the current status of the apportionment for dental purposes of the Medical Department allotment to the activity.

## 1335

**Requisitions.**—The dental officer shall furnish detailed lists of dental equipment and supplies required for operation of the dental facilities to the medical officer, who shall be guided by such lists in making out supply depot purchase requisitions. Separate requisitions shall be submitted for dental equipment and supplies.

## SECTION VI. DENTAL REPORTS

	Paragraph
General .....	1336
NAVMED-K (Report of Dental Operations and Treatment) .....	1337
NAVMED-L (Report of Prosthetic Dental Treatment) .....	1338
NAVMED-461 (Quarterly Dental Report) .....	1339
NAVMED-610 (Monthly Prosthodontia Report) .....	1340
Annual Dental Report .....	1341
NAVMED-785 (Semiannual Dental Officer Personnel Report) .....	1342
Official Correspondence .....	1343

## 1336

**General.**—1336.1. Dental reports shall be prepared and forwarded by the dental officer in accordance with Chapter 52, *Navy Regulations*.

1336.2. The dental officer shall maintain sufficient supplies of the necessary blank forms for reports. Particular attention to instructions as printed on the forms regarding preparation and submission is required.

1336.3. The dental officer shall forward copies of NAVMED-K, NAVMED-461, NAVMED-610, Annual Dental Report, and official correspondence with the Bureau to the district dental officer, or in the case of a dental officer afloat or within an area coming under a command afloat, to the fleet or force dental officer.

1336.4. The dental officer shall maintain a file for copies of official documents received, copies of official letters and endorsements sent, and for Bureau letters, communications, and reports which relate to dental matters (Chapter 52, *Navy Regulations*). (See par. 12B10.)

1336.5. The dental officer shall maintain a record of patients treated and services rendered. A journal or individual patient record cards containing appropriate daily entries shall be kept for this purpose.

1336.6. Reports and returns of dental property shall be included in those of the medical department (Art. 1183, *Navy Regulations*).

## SECTION VI. DENTAL REPORTS

1337

**NAVMED-K (Report of Dental Operations and Treatment).—**A monthly summary of all dental treatment provided shall be forwarded on NAVMED-K in duplicate to the Bureau in accordance with paragraph 5112.

1338

**NAVMED-L (Report of Prosthetic Dental Treatment).—**This form shall be prepared by the dental officer of an activity having prosthetic facilities for each patient given prosthetic treatment. On the first day of the month all of the forms for cases completed during the preceding month and one copy of the NAVMED-610 for the same period shall be suitably packaged and submitted to the Bureau.

1339

**NAVMED-461 (Quarterly Dental Report).—**The dental officer of a ship or station shall submit NAVMED-461, in triplicate, to the Bureau, via official channels, for each quarterly period ending on the following dates: 31 March, 30 June, 30 September, and 31 December.

1340

**NAVMED-610 (Monthly Prosthodontia Report).—**NAVMED-610 shall be submitted to the Bureau on the first day of the month for the preceding month by dental activities having prosthetic facilities. The original shall be attached to the NAVMED-K for the same period and forwarded via official channels. One copy shall be forwarded to the Bureau as an enclosure with the package containing the NAVMED-L's for the preceding month. The statistics entered on NAVMED-610 shall be substantiated in all respects by the NAVMED-L's. The total patients reported on NAVMED-610 as having received prosthetic restorations shall equal the total NAVMED-L's submitted, and the total precious metal expended for these restorations shall coincide with the total reported on the NAVMED-L's, as well as with the total amount expended during the month indicated on the precious metal inventory. The prosthetic restorations to be reported for the month are only those which have actually been received by patients.

1341

**Annual Dental Report.—**The Annual Dental Report shall be prepared and submitted by the dental officer as soon as practicable after the ending of the calendar year in accordance with paragraph 5130.

1342

**NAVMED-785 (Semiannual Dental Officer Personnel Report).—**NAVMED-785 shall be prepared in duplicate by the dental officer in accordance with instructions on the form. The original of this report

## PT. I, CH. 3. THE DENTAL CORPS

shall be submitted, via official channels, to the Bureau, on 1 January and 1 July of each year.

## 1343

**Official Correspondence.**—Dental officers shall maintain a file for copies of official documents received, copies of official letters and endorsements sent, and for Bureau letters, communications, and reports which relate to dental matters (Chapter 52, *Navy Regulations*). (See par. 12B10.)

## SECTION VII. DENTAL OFFICERS AFLOAT

	Paragraph
Duties in Time of Battle .....	1344
Fleet or Force Dental Officer .....	1345
Duties of the Fleet or Force Dental Officer .....	1346
Dental Officer of a Ship .....	1347
Duties of the Dental Officer of a Ship .....	1348

## 1344

**Duties in Time of Battle.**—1344.1. Dental officers shall attend the wounded. They shall not be required to undertake professional duties or responsibilities of medical officers, but as members of the medical department they shall care or assist in caring for casualties regardless of the nature of their disabilities.

1344.2. They shall prepare themselves for such emergency duty by undertaking to acquire such information regarding principles, practices, and technics as will increase their abilities generally in this regard, especially those in the treatment of shock, burns, hemorrhage, and traumatisms.

## 1345

**Fleet or Force Dental Officer.**—A dental officer may be assigned to serve on the staff of a fleet or force commander. When so assigned he is the "Fleet Dental Officer" or the "Force Dental Officer."

## 1346

**Duties of the Fleet or Force Dental Officer.**—1346.1. The fleet dental officer or the force dental officer will advise the fleet or force medical officer on dental matters.

1346.2. As a member of the medical department, he will act under delegated authority as follows:

- (a) Plan for establishment, expansion, maintenance, reduction, and disestablishment of dental facilities ashore and afloat within the command.
- (b) Recommend personnel assignment and transfers.
- (c) Coordinate dental activities.
- (d) Advise sea and shore units of command respecting dental matters and be available for consultation.
- (e) Inspect fleet units and report findings to the commander. Recommendations, comments, and suggestions arising therefrom of interest to the Navy Department shall be forwarded officially to the Bureau.
- (f) Submit to the Bureau, at any time, information, observations, and recommendations not covered by other reports, but which may contribute toward improving the standards of professional care.

## SECTION VIII. DENTAL OFFICERS ASHORE

1347

**Dental Officer of a Ship.**—The senior dental officer assigned to a ship is "The Dental Officer."

1348

**Duties of the Dental Officer of a Ship.**—1348.1. As soon as possible after reporting for duty, the dental officer of a ship shall examine the dental operating room and its equipment and the other accommodations for dental facilities. Should he discover any defects or deficiencies, he shall make a detailed written report to the Bureau, via official channels.

1348.2. As soon as practicable the dental officer shall examine the crew in order to verify the dental records and to ascertain if any dental diseases or deficiencies exist which would render members physically unfit to perform their duties. If any such diseases or deficiencies are found, he shall report the facts to the medical officer with recommendations.

1348.3. In administering dental treatment, the dental officer shall schedule his work so that it will provide the maximum benefit to the crew and interfere least with the ship's routine.

1348.4. Prior to detachment the dental officer shall submit to the head of the department a written inventory of dental property in his charge preliminary to the transfer of such property.

## SECTION VIII. DENTAL OFFICERS ASHORE

	Paragraph
District Dental Officer .....	1349
Duties of the District Dental Officer .....	1350
Shore Station Dental Officer .....	1351
Duties of the Dental Officer in a Shore Station .....	1352
Additional Duties of the Dental Officer of a Training Station.....	1353
Additional Duties of the Dental Officer of a Navy Yard .....	1354
Duties of the Dental Officer of a Naval Hospital .....	1355

1349

**District Dental Officer.**—The senior dental officer assigned to serve on the staff of the commandant of a naval district is "The District Dental Officer."

1350

**Duties of the District Dental Officer.**—1350.1. The district dental officer shall advise the commandant, via the district medical officer, on all dental matters within his purview.

1350.2. He shall act under delegated authority as follows:

(a) Plan for establishment, maintenance, or reduction of dental facilities in accordance with the commandant's plan for operation of the district.

(b) Recommend regarding assignments, transfers, etc., of officer and enlisted dental personnel.

(c) Coordinate dental activities within the district.

(d) Advise local naval authorities relative to dental matters and be available for consultation.

## PT. I, CH. 3. THE DENTAL CORPS

(e) Represent the Navy's interests in civilian dental organizations in connection with schools, municipal and state agencies, and components of the American Dental Association, American National Red Cross, public relations committees, etc.

(f) Have cognizance of and maintain records and information concerning dental matters relative to the Naval Reserve.

## 1350.3. He shall inspect:

(a) Existing dental facilities within the district relative to the efficiency and adequacy of the dental service.

(b) All activities under the cognizance of the commandant which contemplate installation or major expansion of dental facilities, to the extent necessary to determine the appropriateness and practicalness of the proposed installation.

1350.4. He shall report to the Bureau, via official channels, the findings of inspections made under provisions of paragraph 1350.3, together with his recommendations, comments, and suggestions. Each report will be referred to the commanding officer of the activity inspected prior to submission to the Bureau.

1350.5. He shall submit by letter to the Bureau, via official channels, at any time, information, observations, comments, suggestions, and recommendations not covered by other reports and returns, but which may improve the standards of professional care rendered personnel of the Navy and Marine Corps.

## 1351

**Shore Station Dental Officer.**—The senior dental officer attached to a shore station is "The Dental Officer."

## 1352

**Duties of the Dental Officer in a Shore Station.**—The dental officer of a shore station shall make a study of local conditions in order to establish a system by which dental service may be made available to the greatest number of the personnel dependent on the activity for treatment. In addition to the establishment of a system of treatment, an effort shall be made to standardize the arrangement and equipment of dental operating rooms, dental storerooms, and other dental facilities.

## 1353

**Additional Duties of the Dental Officer of a Training Station.**—  
1353.1. Every recruit shall be examined as soon as possible after enlistment, and notation of every dental condition found shall be made on the Dental Record. In order to arrest dental disease in its incipency and to prevent the development of more extensive systemic disorders, an effort shall be made to complete the dental treatment which is found to be necessary before the recruit is transferred to other duty.

1353.2. All recruits shall be instructed by lectures and demonstrations in oral hygiene. They should be warned of the dangers of dental neglect.

## SECTION VIII. DENTAL OFFICERS ASHORE

1353.3. The dental officer shall bring to the attention of the medical officer all recruits whose dental defects make them undesirable for retention in the naval service in order that they may be brought before a board of medical survey.

## 1354

**Additional Duties of the Dental Officer of a Navy Yard.—1354.1.** The dental officer of a navy yard shall adopt such measures as will enable him best to carry on the dental examination and treatment of the personnel dependent upon the facilities of the navy yard for such service.

1354.2. The cooperation of the commanding officers of visiting vessels should be encouraged in order that the dental examination and treatment of the crews may be facilitated. Appointments for dental treatment shall be so arranged that members of the crews will be separated from ship's duties when they can be spared most conveniently.

## 1355

**Duties of the Dental Officer of a Naval Hospital.—1355.1.** The dental officer of a naval hospital is the chief of the dental service. He shall direct his efforts to accomplish measures which will be of the greatest value in expediting the return of patients to duty stations.

1355.2. He shall be responsible to the commanding and executive officers for the efficient functioning of the dental service and he shall consult and cooperate with the heads of other services when other than dental disabilities are involved.

1355.3. He shall treat dependents of naval personnel only under conditions stipulated in paragraph 1325.2.

1355.4. The chief of the dental service shall attend and participate in staff meetings for the discussion of administrative efficiency and professional subjects. When appropriate, he shall provide for the attendance of assistant dental officers at professional meetings.

1355.5. He shall organize a training program for assistant dental officers. Preparation of case reports and demonstrations of interesting cases shall be encouraged.

1355.6. He shall guard the best interests of patients presenting diseased or traumatic conditions of the face, jaws, neck, and oral cavity who are referred to the dental service for examination, consultation, or collaboration. When dental structures are involved, treatment shall be given by the dental officer. He shall cooperate with the medical officer when other than dental fields or mutual fields are involved.

1355.7. Since patients with systemic disease frequently present oral symptoms of interest and concern to the dental officer, such patients shall be referred to the dental officer for any treatment that will contribute to the oral comfort and welfare of the patient.

1355.8. In conjunction with the senior Nurse Corps officer he shall supervise the activities of the Nurse Corps officers who may be assigned to the oral surgical service of the dental activity.

## PT. I, CH. 3. THE DENTAL CORPS

## SECTION IX. THE NAVAL RESERVE (DENTAL CORPS)

	Paragraph
Purpose .....	1356
Detailed Information Concerning the Naval Reserve .....	1357

## 1356

**Purpose.**—The Naval Reserve Dental Corps is maintained to provide a force of qualified dental officers available for mobilization in the event of national emergency, and who with the active and retired personnel of the regular Navy can meet the needs of an expanding naval establishment while an adequate flow of newly trained personnel is being established.

## 1357

**Detailed Information Concerning the Naval Reserve.**—Regulations pertaining to the Naval Reserve Dental Corps are incorporated in Part H, *Bureau of Naval Personnel Manual*.

## SECTION X. TRAINING AND PUBLICATIONS

	Paragraph
General .....	1358
Naval Postgraduate Instruction .....	1359
Civilian Postgraduate Instruction .....	1360
Requests for Instruction .....	1361
Articles for Publication .....	1362

## 1358

**General.**—1358.1. All dental officers shall avail themselves of opportunities to advance their professional abilities.

1358.2. They shall attend professional meetings of dental societies whenever practicable in order to become informed of current advances.

1358.3. Advantage shall be taken of seminars, clinics, lectures, study courses, or similar means of acquiring additional knowledge given by schools or other activities.

1358.4. Officers who desire to specialize in a particular branch of dental practice are encouraged to attend postgraduate courses and to utilize such service occasions as may occur to increase their abilities in and knowledge of the specialty in which interested.

## 1359

**Naval Postgraduate Instruction.**—1359.1. Instruction in professional subjects under naval auspices is given formally only in the Naval Dental School, but many opportunities exist, particularly in large stations, where valuable guidance of experienced officers may be obtained.

1359.2. The basic course at the Naval Dental School is a combined indoctrinal and professional course of approximately four months designed to acquaint officers newly commissioned from civil life with procedures and professional matters particularly significant in Navy practice. When circumstances permit, dental officers will be ordered

## SECTION X. TRAINING AND PUBLICATIONS

to this course as their first duty. Since the number entering the Dental Corps may exceed the number that can be ordered to the school, officers representing the excess will be unable to attend. As it is obvious, however, that attendance is not within their control, officers lacking a school certificate shall not be penalized thereby nor will such lack reflect on their records or their eligibility for instruction in a specialty.

1359.3. The refresher course is entirely professional in character and is designed to acquaint experienced officers with recent advances and highly specialized procedures by means of intensive instruction in particular phases of dentistry such as prosthodontia, operative dentistry, and oral surgery.

1359.4. Instruction in other than strictly dental subjects may be made available to selected dental officers at such times as circumstances indicate the need and usefulness of such training.

## 1360

**Civilian Postgraduate Instruction.**—1360.1. Subject to certain conditions, courses in all the dental specialties given by schools and institutions in various parts of the country are made available to dental officers. The number that may be assigned such courses is limited by availability of funds, need for persons qualified in specialties, and other pertinent factors.

1360.2. During war and national emergency, civilian courses will be available only when it is evident that tangible benefit will accrue to the Navy immediately upon completion.

1360.3. Selection for postgraduate work is based upon evidence submitted by the applicant showing that he possesses sufficient experience to obtain full benefit from the instruction and special aptitude in the field covered.

## 1361

**Requests for Instruction.**—In order to obtain uniformity of requests and supporting data, the following form shall be used in applying for postgraduate instruction:

To: Chief of the Bureau of Medicine and Surgery.

Via: Commanding Officer.

Subj: Postgraduate instruction, request for.

1. I request assignment to a postgraduate course of instruction in (give subject of course; also, when applicable, name of institution, duration of course with inclusive dates, and tuition fee).

2. My experience in this or related subjects includes .....

3. If this request is granted I hereby agree not to resign during the course, and to serve in the Navy for at least three years after completion of the course.

## 1362

**Articles for Publication.**—Dental officers are encouraged to contribute accounts of experiences or observations of interest to current professional literature. They shall be guided by Article 113, *Navy Regulations*, and *General Order No. 9*, May 13, 1935, in publishing such articles.



# PART I—CHAPTER 4

## THE NURSE CORPS

	Paragraphs
Section I. ORGANIZATION .....	141-147
II. DUTIES .....	148-1410
III. COMPENSATION .....	1411-1414
IV. ASSIGNMENT .....	1415-1416
V. LEAVE .....	1417-1424
VI. DISCHARGE .....	1425-1427
VII. RETIREMENT .....	1428-1429
VIII. REPORTS AND RETURNS .....	1430-1434

### SECTION I. ORGANIZATION

	Paragraph
Establishment of the Nurse Corps .....	141
Rank .....	142
Authority .....	143
Title .....	144
Appointments .....	145
Probationary Period .....	146
Promotions .....	147

#### 141

**Establishment of the Nurse Corps.**—The Nurse Corps of the United States Navy was established by the Act of May 13, 1908 (ch. 166, 35 *Stat.* 146), which provided, in part, that the corps should “consist of one superintendent, to be appointed by the Secretary of the Navy . . . whose term of office may be terminated at his discretion, and of as many chief nurses, nurses, and reserve nurses as may be needed: *Provided*, That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon-General, with the approval of the Secretary of the Navy. . . . The appointment of superintendent, chief nurses, nurses, and reserve nurses shall be subject to an examination as to their professional, moral, mental, and physical fitness, and they shall be eligible for duty at naval hospitals and on board of hospital and ambulance ships and for such special duty as may be deemed necessary by the Surgeon-General of the Navy. Reserve nurses may be assigned to active duty when the necessities of the service demand, and when on such duty shall receive the pay and allowances of nurses: *Provided*, That they shall receive no compensation except when on active duty.”

#### 142

**Rank.**—142.1. The Act of July 3, 1942 (ch. 485, 56 *Stat.* 646), provided that thereafter the officers of the Nurse Corps should have relative rank as follows: superintendent, the relative rank of lieutenant commander; assistant superintendent, the relative rank of lieutenant; chief nurse, the relative rank of lieutenant, junior grade; and nurses, the relative rank of ensign.

## PT. I, CH. 4. THE NURSE CORPS

142.2. The relative rank of Nurse Corps officers was revised and commissioned status granted in accord with the revised rank by the Acts of December 22, 1942 (ch. 805, sec. 7, 56 *Stat.* 1074), and February 26, 1944 (ch. 66, 58 *Stat.* 105), respectively, for the duration of the war and six months thereafter. The present commissioned rank in the various grades is as follows: superintendent, the rank of captain; assistant superintendent, the rank of commander, lieutenant commander, or lieutenant; chief nurse, the rank of lieutenant, junior grade; and nurse, the rank of ensign.

## 143

**Authority.**—143.1. Congress provided in the Act of July 3, 1942, that, "As regards medical and sanitary matters and all other work within the line of their professional duties, the members of the Navy Nurse Corps shall have authority in and about naval hospitals and other medical activities next after the commissioned officers of the Medical corps and Dental corps of the Navy." This precedence has not been changed as a result of nurses' having been granted commissioned status.

143.2. Officers of the Nurse Corps shall be accorded the same obedience from enlisted personnel and patients in and about naval hospitals and other Medical Department activities as is accorded other commissioned officers.

## 144

**Title.**—In oral communications, Nurse Corps officers below the rank of commander shall be addressed as "Miss" or "Mrs.," as the case may be. In written communications, the title shall be used in the same manner as is prescribed for other commissioned officers; for example, "Lieutenant Jane Doe, Nurse Corps, United States Navy."

## 145

**Appointments.**—145.1. Original appointments in the Nurse Corps and the Naval Reserve Nurse Corps shall be in the grade of nurse with the rank of ensign.

145.2. **NURSE CORPS.**—(a) Application for appointment shall be made to the Surgeon General of the Navy.

(b) The candidate must be single, a citizen of the United States, and between 22 and 30 years of age. Exceptions in the age requirements may be made for those officers who have served in the Naval Reserve Nurse Corps.

(c) The candidate must have a broad general education, preferably a college degree, but the minimum is graduation from an accredited high school which gives at least a four-year academic course. She must be a registered nurse, and a graduate of a school of nursing, the educational and professional standards of which are approved by the Surgeon General.

(d) The physical standards of the applicant shall be governed by the instructions outlined in Part II, Chapter 1, Section XXIII.

## SECTION I. ORGANIZATION

(e) The qualifications of the applicant shall be evaluated on her record as a student, on her performance as a nurse, and on other evidence showing her moral, mental, and professional fitness.

(f) No applicant shall be eligible who will not agree to serve for three years in the Nurse Corps.

(g) Active service pay begins on the day she takes the oath of office.

145.3. NAVAL RESERVE NURSE CORPS.—(a) The requirements for appointment of an officer in the Naval Reserve Nurse Corps are the same as for appointment in the regular corps, except as follows:

(1) The applicant shall be between 21 and 40 years of age.

(2) No applicant shall be eligible who will not agree to serve in time of war or national emergency declared by the President.

(b) When called into active service an officer of the Reserve Corps is subject to the same rules and regulations and is entitled to the same pay and allowances as a regular officer of equal length of service. Active service pay begins on the day she proceeds to duty in obedience to official orders.

(c) A reserve officer may be appointed in the regular corps if she certifies her intention of serving without regard to the existence of an emergency, provided she is otherwise qualified.

(d) Detailed regulations relative to the Naval Reserve Nurse Corps will be found in *Bureau of Naval Personnel Manual*, Part H, Chapter 11.

## 146

**Probationary Period.**—146.1. The first six months of active duty subsequent to appointment will be a probationary period to determine the professional, moral, mental, and physical fitness of an officer of the Nurse Corps or Naval Reserve Nurse Corps. During this period she shall be instructed in regulations governing the Nurse Corps, and at the end of the probationary period she shall be given a written examination on this subject. A report on her knowledge of regulations shall be forwarded to the Bureau.

146.2. At the expiration of the probationary period the commanding officer shall forward to the Bureau a special fitness report relative to the general fitness and aptitude of the Nurse Corps officer with special notation of the professional, moral, and mental qualifications, and shall make pertinent recommendations. A report of physical examination on the prescribed form shall accompany this report of fitness.

146.3. Failure to meet the physical qualifications for duty in any climate and inaptitude for service will determine recommendations for release from service. (See paragraph 21116.)

146.4. The lack of physical qualifications to continue as an officer as stated above does not contemplate physical incapacity of a specific nature which occurs due to service conditions, but pertains to general physical inability on the part of the nurse to perform duties in all climates and under all conditions. Nothing in this paragraph is to be construed as precluding the retirement pursuant to law of an officer of the Nurse Corps having less than six months' service,

## PT. I, CH. 4. THE NURSE CORPS

if a specific disability is held to have been incurred in the line of duty.

146.5. The Bureau will inform the probationer concerning the requirements noted in subparagraphs 146.1, 146.2, and 146.3 prior to her assignment to duty.

## 147

**Promotions.**—147.1. The Superintendent, with the rank of captain, is appointed by the Secretary of the Navy for a period of four years. She may be reappointed.

147.2. Nurse Corps officers in the grade of assistant superintendent are designated by the Secretary of the Navy to have the rank of lieutenant, lieutenant commander, or commander.

147.3. Lieutenants, junior grade, are appointed by the Surgeon General by promotion from the rank of ensign.

147.4. Recommendations for promotions are based on seniority, and on the official fitness reports from commanding officers under whom the candidates have served; age and experience and preparation prior to entering the naval service will also be considered. The Surgeon General will appoint a board to examine the records and make recommendations to him or to the Secretary of the Navy as the case may be.

## SECTION II. DUTIES

	Paragraph
General .....	148
Duties of the Superintendent .....	149
Duties of Other Nurse Corps Officers .....	1410

## 148

**General.**—Rules and regulations governing the duties of the Nurse Corps are prescribed by the Surgeon General.

## 149

**Duties of the Superintendent.**—(a) The Superintendent of the Nurse Corps, under the direction of the Surgeon General, shall have supervision of the corps.

(b) The Superintendent shall keep herself informed of the conditions, number, distribution, and competency of the members of the corps. She shall maintain liaison with accredited schools of nursing and nurses' associations for the purpose of obtaining acceptable nurses for the naval service. She shall be a member of the examining board for nurses. She shall have charge of all records pertaining to the corps. Reports and returns relating to the Nurse Corps shall be referred to her for comment. She shall endorse all recommendations for promotion and prepare the professional examination for nurses preliminary to promotion. She shall make necessary recommendations to the Surgeon General in order to maintain the efficiency of the Nurse Corps.

(c) The Superintendent is eligible for such other duties as may be assigned her by the Surgeon General.

## SECTION III. COMPENSATION

## 1410

**Duties of Other Nurse Corps Officers.**—The duties of the officers of the Nurse Corps are detailed in Part I, Chapter 6A.

## SECTION III. COMPENSATION

	Paragraph
General .....	1411
Longevity .....	1412
Subsistence .....	1413
Quarters .....	1414

## 1411

**General.**—The pay and allowances of the Nurse Corps officers on active duty are the same as prescribed for other officers of like rank in the first to the sixth pay periods, except as noted in paragraphs 1412, 1413, and 1414.

## 1412

**Longevity.**—The base pay of a pay period is subject to a longevity increase of 5 percent for each three years of service up to 30 years, such service to include active service as a reserve nurse or as a member of the Naval Reserve Nurse Corps or Army Nurse Corps. Periods of absence without pay will be included in the computation of longevity pay.

## 1413

**Subsistence.**—Officers of the Nurse Corps shall be subsisted in kind in the nurses' quarters at naval hospitals and in facilities provided for Nurse Corps officers at other shore stations where such quarters or facilities are available.

## 1414

**Quarters.**—When practicable, quarters for Nurse Corps officers on duty at a naval hospital shall include one dining room, one kitchen, one sitting room, and the necessary toilets and bathrooms for the use in common of all the Nurse Corps officers. At hospitals where more than five Nurse Corps officers are stationed, an office and a separate bathroom and sitting room shall, when practicable, be provided for the senior officer of the Nurse Corps. In Nurse Corps officers' quarters, heat and light shall be supplied as may be necessary. The Bureau will supply the necessary linen and furniture for the quarters. Such linen shall be laundered with the laundry of the hospital or station.

## SECTION IV. ASSIGNMENT

	Paragraph
Assignment .....	1415
Transfer .....	1416

## PT. I, CH. 4. THE NURSE CORPS

## 1415

**Assignment.**—Officers of the Nurse Corps may be assigned to duty either in the United States or elsewhere by direction of the Surgeon General, on orders issued by the Bureau of Naval Personnel. Their services are available for the care of the sick and wounded in the naval hospitals, and for such other duties as may be prescribed by the Surgeon General. When traveling under orders they shall assist in the care of sick and wounded naval personnel and their dependents who may be present on the conveyance.

## 1416

**Transfer.**—Nurse Corps officers shall be transferred only upon the authority of the Surgeon General on orders issued by the Bureau of Naval Personnel, except at stations beyond the continental limits of the United States where a surplus of officers of the Nurse Corps may exist, or where, upon the recommendation of the medical officer, transfers may be directed by the area commander. When so transferred, the officers shall report immediately upon arrival in the United States to the commanding officer of the naval hospital nearest to the port of arrival, where they shall be placed on temporary duty awaiting instructions from the Surgeon General. Such transfers of Nurse Corps officers shall be reported at once to the Surgeon General, with statements of circumstances.

## SECTION V. LEAVE

	Paragraph
Leave to Which Entitled .....	1417
Sick Leave .....	1418
Absence over Leave .....	1419
Authority to Grant Leave .....	1420
Requests for Leave .....	1421
Return to the United States on Leave .....	1422
Permission to Leave the United States .....	1423
Leave Prior to Discharge .....	1424

## 1417

**Leave to Which Entitled.**—1417.1. Officers of the Nurse Corps or Naval Reserve Nurse Corps are entitled to cumulative leave of absence, at the rate of 30 days for each calendar year of service in the corps, to be counted for officers of the regular corps from the date oath is taken when followed by entrance on active duty, and, for reserve officers, from the date of proceeding to duty under orders.

1417.2. Leave may be accumulated at the rate of 21½ days for each calendar month of completed service, and the accrued amount may be granted whenever the exigencies of the service permit, not to exceed 120 days in one period. Leave credit is not allowed for periods of absence without pay.

1417.3. Leave accruing but unused by a Nurse Corps officer serving in the Naval Reserve will be credited under subsequent appoint-

## SECTION V. LEAVE

ment if she is discharged as reserve officer for the purpose of appointment as officer in the regular corps. In such cases the duty is considered to be continuous.

1417.4. Leave of absence without pay and allowances not to exceed 30 days in the calendar year may be granted if the reasons are sufficient and the requirements of the service permit. Such periods of leave without pay will be included in the computation of service for retirement.

## 1418

**Sick Leave.**—Nurse Corps officers are entitled to sick leave, not to exceed 30 days in the calendar year, for illness or injury incurred in line of duty (Act of July 9, 1918, ch. 5, 40 *Stat.* 879). Leave in excess of 10 days for illness or injury shall be granted only by the Surgeon General upon the recommendation of a board of medical survey. In cases requiring immediate action, approval by the Surgeon General may be requested by dispatch.

## 1419

**Absence over Leave.**—Nurse Corps officers absent over leave shall be reported to the Surgeon General.

## 1420

**Authority to Grant Leave.**—1420.1. Commanding officers are authorized to grant leave of absence up to 30 days to officers of the Nurse Corps entitled to such leave. Leave in excess of this amount for officers in the United States is granted only by authorization of the Surgeon General.

1420.2. Commanding officers may grant leave of absence in excess of 30 days to Nurse Corps officers on duty at hospitals or on hospital ships beyond the continental limits of the United States, if the officers have sufficient accrued leave and the exigencies of the service permit.

## 1421

**Requests for Leave.**—1421.1. Requests for leave of absence or extension of leave requiring the approval of the Surgeon General shall be submitted via the commanding officer, and shall not be embodied in any other request. Sufficient time shall be allowed for transmission by mail and other delay.

1421.2. Where the commanding officer is authorized to grant leave the original order granting leave shall be given to the applicant, and a report made to the Bureau showing the number of days taken.

## 1422

**Return to the United States on Leave.**—An officer of the Nurse Corps who has returned to the United States on leave of absence shall report in writing to the Surgeon General the date of arrival in the United States, and give her address while on leave.

## PT. I, CH. 4. THE NURSE CORPS

## 1423

**Permission to Leave the United States.**—Permission to go outside the United States on leave of absence, except to Canada, must be obtained from the Bureau, via official channels. Such request should be submitted with due regard for the time required for this official procedure.

## 1424

**Leave Prior to Discharge.**—1424.1. Final leave to the amount accumulated and unused, not to exceed 120 days, shall be granted prior to separation from the service.

1424.2. An officer of the Nurse Corps who has been ordered from her station to her home for final leave prior to release from active duty shall, upon arrival home, report in writing to the Surgeon General, giving date and hour of arrival. Final leave prior to discharge will be computed by the Bureau and a statement of the amount of such leave will be forwarded to the officer of the Nurse Corps, via the senior medical officer, for the information of the disbursing officer carrying the accounts of the officer. She shall report any changes of address while in the status of final leave.

## SECTION VI. DISCHARGE

	Paragraph
Discharge .....	1425
Orders to Proceed Home .....	1426
Physical Examination Prior to Discharge .....	1427

## 1425

**Discharge.**—Officers of the Nurse Corps and of the Naval Reserve Nurse Corps may be given an honorable discharge at the expiration of the period of service indicated in their appointments. Officers of the Naval Reserve Nurse Corps may be transferred to inactive status in the Naval Reserve Nurse Corps upon their own request.

## 1426

**Orders to Proceed Home.**—1426.1. A Nurse Corps officer may be ordered home by the Surgeon General with the approval of the Secretary of the Navy for the following reasons: (a) Services no longer needed; (b) unsuitability during probationary period; (c) personal request by nurse, under certain conditions; and (d) honorable discharge.

1426.2. Orders to proceed home shall not be given to an officer of the Nurse Corps who is discharged for misconduct as determined by a properly constituted board appointed by the Surgeon General; any one discharged for misconduct outside the United States shall be furnished transportation to the nearest port in the United States.

1426.3. "Home" shall be defined as that place to which the initial active duty orders were addressed, or, if the Nurse Corps officer so

## SECTION VII. RETIREMENT

elects, to any other place not a greater distance from the place where she is detached.

1426.4. Officers of the Nurse Corps and of the Naval Reserve Nurse Corps under orders to proceed home to await honorable discharge or transfer to inactive status will be entitled to accrued leave of absence and travel time, mileage, and other travel expenses.

## 1427

**Physical Examination Prior to Discharge.**—A physical examination prior to release from active duty shall be conducted in accordance with paragraph 21116.

## SECTION VII. RETIREMENT

	Paragraph
Application and Recommendation .....	1428
Medical Boards .....	1429

## 1428

**Application and Recommendation.**—1428.1. BY INDIVIDUAL CONCERNED.—An officer of the Nurse Corps who desires to retire, and who is eligible for retirement, as provided in Article 1671, *Navy Regulations*, shall submit an application for retirement, via official channels, to the Surgeon General. This request must be accompanied by her letter of appointment or commission and a statement of all her other appointments (in Army Nurse Corps; reserve nurse, United States Navy; reserve nurse, Naval Reserve Nurse Corps; former service as a nurse, chief nurse, etc., United States Navy). The application shall cite specifically the reason for the application for retirement. The commanding officer shall make appropriate recommendations thereon in forwarding the application.

1428.2. BY COMMANDING OFFICER.—Whenever the commanding officer of any officer of the Nurse Corps eligible for retirement by reason of age, service, or physical disability believes that her retention on the active list would no longer be in the best interests of the service, he may forward to the Bureau a recommendation to that effect. Before forwarding such a recommendation, he shall refer it to the Nurse Corps officer concerned for endorsement.

1428.3. BY THE SURGEON GENERAL.—The Surgeon General will initiate action for the retirement of an officer of the Nurse Corps who is eligible for retirement whenever he deems such action in the best interests of the naval service.

## 1429

**Medical Boards.**—1429.1. When an officer of the Nurse Corps reports herself unable to comply with orders, or, whenever, in the judgment of the commanding officer or the Surgeon General, an officer of the Nurse Corps is incapacitated to perform her duties, she shall be ordered before a board of medical survey to determine her physical fitness for further naval service.

## PT. I, CH. 4. THE NURSE CORPS

1429.2. When any officer of the Nurse Corps on the active list becomes physically incapacitated to perform her duties, and the incapacity is permanent, her case shall be referred immediately to a board of medical officers appointed by the Surgeon General. Pending final action on the question of her retirement, she shall not be promoted. Should she so desire, a Nurse Corps officer may appear before the board.

## SECTION VIII. REPORTS AND RETURNS

	Paragraph
Official Communications .....	1430
Monthly Return to the Disbursing Officer .....	1431
Fitness Reports .....	1432
Beneficiary Slip .....	1433
Annual Physical Examination .....	1434

## 1430

**Official Communications.**—The senior officer of the Nurse Corps on duty shall be responsible to the commanding officer for preparation of official communications concerning the Nurse Corps which require his action.

## 1431

**Monthly Return to the Disbursing Officer.**—On the last day of each month, the disbursing officer shall be furnished a report signed by the commanding officer showing the number of officers of the Nurse Corps on duty during the month, and the number of days each Nurse Corps officer (1) subsisted herself, (2) was subsisted by the Government, and (3) was on leave without pay.

## 1432

**Fitness Reports.**—Reports of fitness of officers of the Nurse Corps shall be prepared on the official form and in a similar manner as for other officers of comparable rank. These reports shall be mailed directly to the Bureau.

## 1433

**Beneficiary Slip.**—Upon initially reporting for duty and on 1 May of each year following an officer of the Nurse Corps or of the Naval Reserve Nurse Corps shall prepare a NAVPERS-601 (Report of Beneficiaries) and forward it to the Bureau. A NAVPERS-601 shall also be prepared and submitted to the Bureau when any change in identity or address of the designated beneficiary occurs.

## 1434

**Annual Physical Examination.**—The same procedure as prescribed for other officers is to be followed for annual physical examinations of officers of the Nurse Corps.

## PART I—CHAPTER 5

### THE HOSPITAL CORPS

	Paragraphs
Section I. GENERAL INFORMATION .....	151-158
II. DUTIES OF HOSPITAL CORPS OFFICERS .....	159-1519

#### SECTION I. GENERAL INFORMATION

	Paragraph
Laws .....	151
Instructions Governing Enlistments .....	152
Transfer to the Hospital Corps from Other Ratings .....	153
Transfer to Hospital Corps Schools .....	154
Advancement .....	155
Courses of Instruction .....	156
Training of Hospital Corpsmen .....	157
Reports and Returns .....	158

#### 151

**Laws.**—A Hospital Corps of the United States Navy was established by the Act of June 17, 1898 (ch. 463, sec. 1, 30 *Stat.* 475). Regulations affecting the authorized strength, grades and ratings, appointments, and duties of Hospital Corps personnel as part of the Medical Department of the Navy are based upon the Act of August 29, 1916 (ch. 417, 39 *Stat.* 572-573). Under the terms of this statute, ranks and ratings up to and including commissioned warrant officers were authorized. By virtue of the Act of July 24, 1941 (ch. 320, 55 *Stat.* 603-605), as amended, in time of war or national emergency Hospital Corps personnel may be temporarily appointed to commissioned ranks or grades above that of commissioned warrant officer.

#### 152

**Instructions Governing Enlistments.**—152.1. Enlistments, reenlistments, and extensions of enlistments for Hospital Corps personnel are governed by current instructions of the Bureau of Naval Personnel.

152.2. When enlistments are made directly for the Hospital Corps, physical and professional examinations by one or more medical officers shall be required in each case. The records of such enlistments and all other papers relating to them are referred by the Bureau of Naval Personnel to the Bureau for information and recommendation (Art. 1713, *Navy Regulations*).

#### 153

**Transfer to the Hospital Corps from Other Ratings.**—Commanding officers are authorized to change the rating of a man to a rating of the same grade in the Hospital Corps for which he has been

## PT. I, CH. 5. THE HOSPITAL CORPS

found qualified by the required examination, in accordance with instructions governing changes in rating contained in *Bureau of Naval Personnel Manual*, and current directives of the Bureau of Naval Personnel.

## 154

**Transfer to Hospital Corps Schools.**—Transfers of hospital apprentices, first and second class, to Hospital Corps schools, upon enlistment or change of rating to that of hospital apprentice, shall be governed by current instructions of the Bureau of Naval Personnel.

## 155

**Advancement.**—155.1. All candidates for advancement to higher ratings in the Hospital Corps must qualify by examination in accordance with instructions contained in *Bureau of Naval Personnel Manual*.

155.2. Members of the Hospital Corps who are candidates for advancement in rating, besides showing a knowledge of the duties required of their special rating, must demonstrate a thorough knowledge of general naval activities as outlined in *Bureau of Naval Personnel Manual*.

155.3. Questions for examination should become broader in scope and thoroughness with each higher rating. For this purpose the *Handbook of the Hospital Corps* should be used as a general guide in the examination, bearing in mind that men should have acquired a practical knowledge of the service requirements in their rating.

155.4. The technician examinations prescribed in *Bureau of Naval Personnel Manual* apply for the purpose of determining technical qualification only, and examining boards shall be aware of the fact that the exigencies of the service are such that at any time a man may be assigned to duty for an indefinite period in a position in which he will have little opportunity to use his special technical knowledge. An officially designated technician, therefore, except a man with the designator (DP), should not be recommended for advancement in rating unless he is thoroughly qualified to perform the general duties of the higher rating in addition to the duties of his technical specialty.

155.5. It is especially important that discretion and careful judgment be used in recommending corpsmen for advancement to higher ratings. Particularly is it necessary that discretion be exercised in recommending men for advancement to pharmacist's mate, first class, and to chief pharmacist's mate. Men holding these ratings are the only ones for whom the Bureau holds itself responsible when they are serving on duty independent of a medical officer. A high standard of efficiency in these ratings must be maintained, and while chief pharmacist's mates and pharmacist's mates, first class, are not offered as substitutes for qualified medical officers, it is expected that they will be persons of such training, judgment, and experience that commanding officers of vessels having no attached medical officer may rely on them for valuable assistance in first-aid work and for

## SECTION I. GENERAL INFORMATION

the detailed management and care of the sick and injured. The Bureau necessarily depends upon the discretion and judgment of medical officers in the field for the selection and recommendation of men possessing the abilities required for independent duty.

## 156

**Courses of Instruction.**—Reference should be made to the *Catalog of Hospital Corps Schools and Courses* for courses of instruction currently provided for Hospital Corps personnel.

## 157

**Training of Hospital Corpsmen.**—157.1. The systematic training of hospital corpsmen is of great importance. At all activities to which one or more medical officers are attached, instruction in both practical and theoretical work of the Hospital Corps shall be a matter of routine, in accordance with provisions contained in the *Bureau of Naval Personnel Manual*.

157.2. Not less than one hour daily, four days per week, shall be devoted to classroom instruction of the Hospital Corps for all rates below that of pharmacist's mates, first class, at Medical Department activities ashore and afloat. Medical officers in command and senior medical officers shall provide for rotation of assignments of hospital corpsmen in order to furnish thorough indoctrination in all phases of Hospital Corps duties. When a member of the Hospital Corps is detailed to, or qualified for, any special duty such as x-ray technician, laboratory technician, etc., an entry to that effect is required on page 10 of the Service Record.

157.3. Unless otherwise authorized by the Bureau, Hospital Corps enlisted personnel shall not be recommended for training in more than one technical specialty, except that dental technologists (general) may also be recommended for training in dental technology (prosthetic). Any technician may be recommended for training in medical field service.

157.4. Except in outstanding cases or in instances of experienced personnel recommended for training in the submarine service, medical field service, or deep-sea diving, it is not the policy of the Bureau to nominate to the Bureau of Naval Personnel for specialty training in the continental United States any Hospital Corps enlisted person who is serving at an activity or unit under the jurisdiction of the fleets.

157.5. Instruction shall be continuous and progressive, and shall cover the subjects in which proficiency is required for advancement to the next higher rating.

157.6. Pharmacist's mates shall be instructed as to the indication for and the technique of the administration of blood substitute, glucose solutions, and normal saline solution. This and similar instruction in the most recently accepted methods of treatment is especially important in the training of pharmacist's mates who may be ordered to independent duty.

## PT. I, CH. 5. THE HOSPITAL CORPS

157.7. In activities where medical officers are not available or when it is not appropriate to assign them as instructors for the complete schedule of instruction, Nurse Corps officers and Hospital Corps personnel may be detailed as instructors in the subjects for which they are qualified.

157.8. The Bureau of Naval Personnel will supply rating and general Navy training courses when officially requested by a ship or station. Upon the successful completion of a training course and the practical factors, an entry shall be made on page 9 of the Service Record and a Training Course Certificate (NAVPERs-672) shall be submitted to the officer in command.

157.9. The *Bureau of Naval Personnel Manual* directs the attention of all commanding officers to the need of trained hospital corpsmen for vessels to which no medical officer is attached; all chief pharmacist's mates and pharmacist's mates, first class, shall be considered sufficiently trained and qualified for this type of duty.

157.10. Officers and enlisted persons of the Hospital Corps on independent duty or serving in the absence of a medical officer shall carry out the functions of the Medical Department insofar as their qualifications allow. In all duties which they perform independently they shall act as the representative of the Medical Department through delegated authority. They shall not be permitted to perform duties for which they are not professionally qualified. When members of the Hospital Corps are called upon to perform physical examinations, to sign original entries in Health Records, and to undertake similar duties, they shall perform these tasks because of the unavailability of a medical officer.

## 158

**Reports and Returns.**—Reports and forms which pertain to Hospital Corps personnel are included in Part V of this Manual.

## SECTION II. DUTIES OF HOSPITAL CORPS OFFICERS

	Paragraph
General Duties .....	159
Assistant to the Executive Officer (Administrative) .....	1510
Finance Officer .....	1511
Personnel Officer .....	1512
Record Officer .....	1513
Maintenance Officer .....	1514
Commissary Officer .....	1515
Pharmacy Officer .....	1516
Welfare and Recreation Officer .....	1517
Ship's Service Officer .....	1518
Postal Officer .....	1519

## 159

**General Duties.**—Under the direction of the executive officer and the medical officer in command or senior medical officer, officers of the Hospital Corps shall, when practicable, be responsible for the proper management of general administrative functions except medical, dental, and nursing, within the medical department of a hospital,

## SECTION II. DUTIES OF HOSPITAL CORPS OFFICERS

dispensary, ship, or medical supply depot. The general duties involved in these functions are outlined in succeeding paragraphs. The number of Hospital Corps officers available and the scope of the various administrative functions may require that one officer be assigned as head of two or more of the administrative divisions. The number of assistants required will depend upon the size of the activity and the importance of the division concerned.

## 1510

**Assistant to the Executive Officer (Administrative).—1510.1.** The senior officer of the Hospital Corps, unless otherwise directed by the commanding officer, with the approval of the Bureau, shall be assigned as the assistant to the executive officer for administrative duties. At naval hospitals, medical supply depots, and large naval dispensaries, he shall be designated "Assistant to the Executive Officer (Administrative)."

1510.2. The assistant to the executive officer (administrative) shall coordinate the work of the various administrative divisions of naval hospitals, naval medical supply depots, and naval dispensaries, and the fiscal and clerical functions within the medical departments of other activities afloat and ashore.

1510.3. He shall keep himself informed of the laws, regulations, policies, and instructions applicable to the administrative management of the facility to which he is attached.

1510.4. He shall keep the executive officer informed, and make such recommendations as may be indicated, with respect to the effectiveness of administrative organization and management.

1510.5. He shall be responsible for the control and distribution of all official mail and the maintenance of adequate records of incoming and outgoing official mail. He shall have custody of and be responsible for the security of the central files of the medical department and the proper filing of all official correspondence, documents, records, and reports required to be filed therein.

1510.6. He shall consult with the assistant to the executive officer (professional) relative to the coordination of training and instruction programs for members of the Hospital Corps, and shall provide organized instruction of such personnel in matters pertaining to administrative management.

1510.7. He shall be accountable for all Government property in his custody as shown by the records of the finance division, and shall transfer custody thereof to his successor through the finance officer.

## 1511

**Finance Officer.—1511.1.** The finance officer shall be responsible for the proper and efficient management of the finance division and shall keep the assistant to the executive officer (administrative) informed of the status of allotments, inventories of property, and all other matters pertaining to financial administration and management within the Medical Department.

## PT. I, CH. 5. THE HOSPITAL CORPS

1511.2. The finance officer shall keep himself informed of the laws, regulations, and instructions pertaining to procurement, storage, custody, and disposition of Medical Department materials and services, and to the financial planning, estimates, accounting, records, and reports required in connection therewith.

1511.3. He shall organize the various functions of the finance division to meet the requirements of the particular activity and, by inspection, supervision, and instruction, insure that the duties assigned to subordinates are performed in accordance with the applicable laws, regulations, and instructions. He shall report any unsatisfactory performance of duty by subordinates to the assistant to the executive officer (administrative), for officer personnel, or to the personnel officer, for enlisted personnel and civilians.

## 1512

**Personnel Officer.**—1512.1. The personnel officer shall be responsible for the proper and efficient management of the personnel division and shall keep the assistant to the executive officer (administrative) informed in matters pertaining to personnel administration within the medical department.

1512.2. The personnel officer shall be responsible for the proper and efficient management of civilian personnel and shall keep the assistant to the executive officer (administrative) informed in matters pertaining to civilian personnel administration in all departments. Under the direction of the assistant to the executive officer (administrative) and the executive officer he shall plan and carry out such programs for recruiting, employment, training, safety, wages and classification, and employee services as may be appropriate to the civilian manpower requirements of the establishment. He shall also be responsible for advising and assisting department heads and other supervisors of civilian labor in the handling of grievances and complaints, disciplinary matters, relations with employee groups, and in the correct interpretation of all laws, regulations, and Navy Department directives affecting civilian personnel.

1512.3. The personnel officer shall be responsible for coordinating the employment of civilian and enlisted military personnel. Assignments to positions in the establishment, both civil and enlisted, shall be carried out under his direction. He shall be responsible for the preparation of watch bills for enlisted personnel.

1512.4. The personnel officer shall have custody of and be responsible for the security of all staff personnel records, civilian and enlisted, and for the current maintenance of such records. He shall be responsible for the prescribed personnel reports and returns, and all correspondence pertaining thereto.

1512.5. He shall be accountable for all Government property in his custody as shown by the records of the finance division and shall transfer custody thereof to his successor through the finance officer.

## 1513

**Record Officer.**—1513.1. The record officer shall be responsible for the proper and efficient management of the record office and shall

## SECTION II. DUTIES OF HOSPITAL CORPS OFFICERS

keep the assistant to the executive officer (administrative) informed in matters pertaining to patients' records. He shall report any unsatisfactory performance of duty by subordinates to the assistant to the executive officer (administrative), for officer personnel, or to the personnel officer, for enlisted personnel and civilians.

1513.2. He shall have custody of and be responsible for the security of all records of patients, the current maintenance of such records, the prescribed reports and returns concerning patients, and all correspondence pertaining to these subjects.

1513.3. The record officer shall keep himself informed of the laws, regulations, and instructions applicable to patients and to the preparation and submission of all reports and returns pertaining thereto.

1513.4. He shall be responsible for proper and necessary arrangements for funerals and disposition of the remains of the dead and for preparation and submission of all reports and records required.

1513.5. The record officer shall be accountable for all Government property in his custody as shown by the records of the finance division and shall transfer custody thereof to his successor through the finance officer.

## 1514

**Maintenance Officer.**—1514.1. The maintenance officer shall have charge of all maintenance and security of offices, shops, and equipment and the personnel assigned thereto, and shall be responsible for the maintenance, upkeep, and security of all buildings and grounds, including cemeteries, and the maintenance of adequate records of construction, alterations, and repairs. He shall report any unsatisfactory performance of duty by subordinates to the assistant to the executive officer (administrative), for officer personnel, or to the personnel officer, for enlisted personnel and civilians.

1514.2. He shall supervise the duties of the fire marshal and be responsible for the preparation of fire and other security bills in connection with them.

1514.3. He shall be responsible for the maintenance and operation of the power plant and for keeping adequate records of the production and distribution of utility services.

1514.4. He shall be responsible for the maintenance and operation of the laundry, garage, and similar installations and for the prescribed reports for motor vehicles and other required records and reports concerning the laundry, garage, and similar installations.

1514.5. The maintenance officer shall be accountable for all Government property in his custody as shown by the records of the finance division and shall transfer custody thereof to his successor through the finance officer.

## 1515

**Commissary Officer.**—1515.1. The commissary officer shall keep himself informed of all laws, regulations, and instructions pertaining to the administration of a hospital mess and submit to the medical officer in command or the senior medical officer, via the assistant to the executive officer (administrative), a daily and cumulative

## PT. I, CH. 5. THE HOSPITAL CORPS

report of the rations served, the value of the provisions expended, and the average cost of rations.

1515.2 He shall be responsible for the proper and efficient management of the commissary division, including all kitchens, dining rooms, and mess halls, except those in public quarters occupied by officers and their families, and shall report any unsatisfactory performance of duty on the part of subordinates to the assistant to the executive officer (administrative), for officer personnel, or to the personnel officer, for enlisted personnel or civilians.

1515.3. The commissary officer shall exercise strict supervision over the procurement, inspection, storage, issue, preparation, and serving of food for the hospital mess; and the maintenance and upkeep of commissary spaces and equipment located therein.

1515.4. He shall maintain a complete file of Navy Department instructions and specifications for reference purposes in conducting inspections of provisions.

1515.5. The commissary officer shall be responsible for the preparation and submission of the menus for the hospital mess, including those for special diets and special messes.

1515.6. He shall be accountable for all Government property placed in his custody as shown by the records of the finance division and shall transfer custody thereof to his successor through the finance officer.

1515.7. The commissary officer shall maintain the prescribed records of orders placed for provisions and receipts and expenditures thereof, and furnish the finance officer, daily, a copy of each order for provisions placed, modified, or canceled, and a copy of each public voucher, stores invoice, or other document prepared or signed to authorize an appropriational expenditure for provisions or a transfer of provisions with or without appropriational charge.

1515.8. He shall take a complete physical inventory of all provisions on hand in the commissary division at the close of each month and submit a detailed and certified report of the items, quantities, and values on hand to the finance officer.

1515.9. When detached, or otherwise relieved of duty, the commissary officer shall prepare a complete physical inventory of all supplies, equipment, and provisions on hand in the commissary division and shall transfer custody thereof, through the finance officer, to his successor. If the commissary officer is physically incapacitated or otherwise unable to make the required inventory, the medical officer in command or senior medical officer present shall appoint a board of three officers to conduct the inventory and submit a detailed and certified report thereof.

## 1516

**Pharmacy Officer.**—1516.1. The officer in charge of the pharmacy shall be an officer of the Hospital Corps, and, if possible, a graduate of an accredited college of pharmacy. He shall be responsible to the assistant to the executive officer (professional) for the professional services of the pharmacy and to the assistant to the execu-

## SECTION II. DUTIES OF HOSPITAL CORPS OFFICERS

tive officer (administrative) for all details of administration. Regulations concerning the custody and issue of alcohol, narcotics, and poisons shall be scrupulously obeyed (pars. 12B20, 12B21, and 12B22).

1516.2. The pharmacy officer shall instruct corpsmen in pharmacy, chemistry, and materia medica; shall prepare all necessary reports and inventories for the operation of the pharmacy; and shall perform such additional related duties as may be assigned.

## 1517

**Welfare and Recreation Officer.**—1517.1. The welfare and recreation officer shall be responsible for the proper and efficient management of all welfare and recreation work and keep himself informed of the laws and regulations pertaining thereto. The welfare and recreation officer shall keep the assistant to the executive officer (administrative) informed of all matters pertaining to welfare and recreation.

1517.2. He shall maintain cordial and friendly relations with any approved organization which desires to contribute to the welfare of the personnel of the Navy, within and without naval stations.

1517.3. The welfare and recreation officer shall be responsible for the management of the station newspaper and all periodicals which are a factor in promoting the efficiency, welfare, and contentment of the personnel.

## 1518

**Ship's Service Officer.**—1518.1. The Ship's Service officer shall perform his duties under the welfare and recreation division. He shall be responsible, subject to the authority of the head of the welfare and recreation division, for the management of all Ship's Service activities in accordance with Bureau of Naval Personnel regulations for a Ship's Service department ashore.

1518.2. He shall be accountable for all Ship's Service department property and stores and shall maintain the records and accounts in accordance with the instructions contained in the *Bureau of Naval Personnel Accounting Manual for Ship's Service Departments Ashore*. Upon detachment or relief, he shall transfer all Ship's Service property and stores to his successor in accordance with existing instructions.

1518.3. The Ship's Service officer shall be accountable for all Government property in his custody as shown by the records of the finance officer and, upon detachment or relief, shall transfer all such Government property to his successor through the finance officer.

## 1519

**Postal Officer.**—1519.1. The postal officer shall be responsible for the proper and efficient management of the post office.

1519.2. He shall maintain an up-to-date file of the *Postal Affairs Bulletin*, *The Navy Mail Service Pamphlet*, the *Postal Guide*, and

## PT. I, CH. 5. THE HOSPITAL CORPS

the *U. S. Postal Laws and Regulations*, and shall manage the post office in strict accordance with the rules and regulations contained therein.

1519.3. The postal officer shall maintain contact with the district postal officer and the postmaster of the main post office of which the station post office is a branch.

## PART I—CHAPTER 6A

### NAVAL HOSPITALS

	Paragraphs
Section I. ESTABLISHMENT AND ORGANIZATION .....	16A1-16A6
II. THE MEDICAL OFFICER IN COMMAND .....	16A7-16A14
III. THE EXECUTIVE OFFICER .....	16A15-16A19
IV. ADDITIONAL ADMINISTRATIVE AND MILITARY FUNCTIONS .....	16A20-16A22
V. PROFESSIONAL SERVICES .....	16A23-16A38
VI. ACCESSORY SERVICES .....	16A39-16A47
VII. HOSPITAL SHIPS .....	16A48-16A50

#### SECTION I. ESTABLISHMENT AND ORGANIZATION

	Paragraph
Origin of Naval Hospitals .....	16A1
Mission .....	16A2
Direction .....	16A3
Command .....	16A4
Organization .....	16A5
Hospital Regulations .....	16A6

#### 16A1

**Origin of Naval Hospitals.**—An Act of February 26, 1811 directed that money collected for the “relief of sick and disabled seamen” (Marine or Naval Hospital Fund) should be paid to the “Commissioners of Navy Hospitals” for the purpose of “establishing Navy Hospitals.” On July 10, 1832, Congress directed the discharge of the Commissioners, constituted the Secretary of the Navy the trustee of the Naval Hospital Fund, and transferred to him all the powers and duties formerly held by the Commissioners. From that time until 1913 sites were procured and naval hospitals erected by order of the Secretary of the Navy. The Act of March 4, 1913 (ch. 148, 37 *Stat.* 891, 902), contained a provision that thereafter “no sites shall be procured or hospital buildings erected or extensions to existing hospitals made unless hereafter authorized.” Legally, therefore, the title “naval hospital” can be applied only to those medical activities established by the order of the Secretary of the Navy under authorization of Congress or by specific act of Congress. Fleet hospitals, base hospitals, and U. S. Naval Military Government Hospitals may be established by order of the Secretary of the Navy.

#### 16A2

**Mission.**—The mission of a naval hospital is: (1) The treatment and care of sick and injured naval personnel with the object of their restoration to duty; (2) the disposition of those patients who require special treatment not satisfactorily available, or who are unfitted for retention in the naval service; (3) the treatment and care of other persons when authorized by competent authority; and (4) cooperation with military and civil authorities in all sanitation matters.

## PT. I, CH. 6A. NAVAL HOSPITALS

## 16A3

**Direction.**—The Bureau is charged with the upkeep and operation of all naval hospitals, and with repairs to public works and utilities of such hospitals within the capacity of the forces employed (Arts. 457 (2) and 484 (3), *Navy Regulations*).

## 16A4

**Command.**—Naval hospitals shall be commanded by naval medical officers (Art. 170, *Navy Regulations*). Should the officer regularly ordered to command a naval hospital be absent, disabled, relieved from duty, or detached without relief, the command shall devolve upon the executive officer, or, in his absence, upon the medical officer next in rank present on the reservation and regularly attached to the hospital for duty.

## 16A5

**Organization.**—16A5.1. A naval hospital is a self-contained command unit under the military command of the commandant of the district or the commander of the group activity, as the case may be, in the same manner as a ship is a command unit under a flag officer afloat. As such it will conform, so far as its functions permit, with the established form of naval organization and administration. The hospital organization must provide for both clinical and administrative functions. Since naval hospitals vary in size, personnel, and facilities, an inflexible plan of organization is impracticable. The chart in paragraph 16A5.2 illustrates an approved organization for large naval hospitals and shall be modified only when necessary to meet the needs of hospitals where personnel and facilities demand deviation. In hospitals of less than 1,000 beds there shall be no assistant to the executive officer (professional), and the functions of that office shall be performed by the executive officer. It is an important duty of the medical officer in command to effect an adequate, efficient organization.

16A5.2. Organization Chart.—See page 97.

## 16A6

**Hospital Regulations.**—All orders and memoranda published by the medical officer in command for the guidance of the staff and patients constitute hospital regulations.

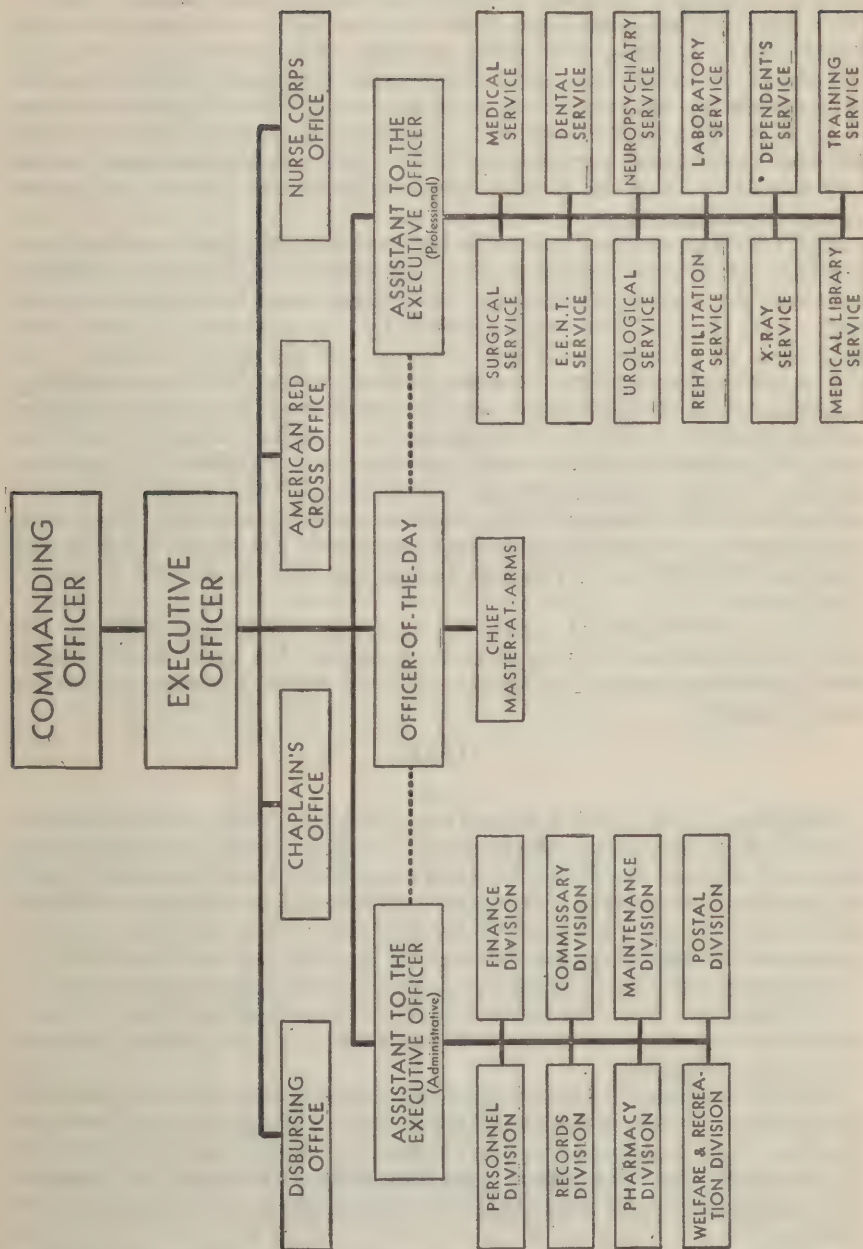
## SECTION II. THE MEDICAL OFFICER IN COMMAND

	Paragraph
General Duties .....	16A7
Relations with Civil Authorities .....	16A8
Patients .....	16A9
Personnel .....	16A10
Reports and Records .....	16A11
Inspections .....	16A12
Safety Precautions .....	16A13
Discharge of Patients .....	16A14

## 16A7

**General Duties.**—16A7.1. The medical officer in command is charged with the command and direction of a naval hospital for the

## NAVAL HOSPITALS



## PT. I, CH. 6A. NAVAL HOSPITALS

purpose of carrying out its mission in the most effective and economical manner. Subject to orders of higher competent authority, he shall exercise complete military jurisdiction within the hospital reservation, but his duties embrace more than those of a military administrator, as he is charged with the professional care of patients in the hospital. Hospital rules and regulations governing patients should be no more rigorous than necessary to provide efficient administration.

16A7.2. The medical officer in command shall exact of all persons on the reservation compliance with naval regulations and orders and instructions of the Secretary of the Navy, the Bureau, and other competent authority.

16A7.3. The medical officer in command shall afford necessary assistance or provide facilities for inspections, investigations, courts-martial, etc., held at the hospital on orders issued by competent naval authority. Under authority granted by the Secretary of the Navy pursuant to Article 26 of the *Articles for the Government of the Navy*, the medical officer in command is empowered to order summary courts-martial or deck courts, and to assign such punishment on men attached to the hospital, whether on duty, or as patients, as the commanding officer of a naval vessel is authorized to inflict. This authority may not be delegated, but in the absence of the medical officer in command it devolves on the medical officer temporarily in command. Sentences of punishment shall be recorded in the report book, in the journal of the officer of the day, and in the Service Record of the individual.

16A7.4. The medical officer in command, unless specifically authorized, shall not act as a recruiting officer. He may reenlist or extend the enlistments of enlisted personnel under his command other than patients.

## 16A8

**Relations with Civil Authorities.**—16A8.1. The medical officer in command shall require obedience to Federal laws, including penal and civil laws of the State, Territory, or district wherein the hospital is located which have been adopted as Federal Laws by Section 289 of the *United States Criminal Code*. Service of legal documents upon personnel on the hospital reservation by civil authority shall be in accordance with the provisions of *Naval Courts and Boards*.

16A8.2. (a) It is the responsibility of the medical officer in command to cooperate with the civil authorities in the control of communicable diseases.

(b) If a person with an infectious disease, which is considered to be a public menace, is discharged, the commanding officer of the naval hospital shall communicate this information to the health department of the State (for tuberculosis, see par. 16A8.3) which is the prospective residence of the individual. (Reference should be made to par. 3329.)

(c) The report, in letter form with duplicate attached, shall include only the following information: (1) Name, (2) prospective place of residence (address), (3) diagnosis, (4) treatment given,

## SECTION II. THE MEDICAL OFFICER IN COMMAND

(5) date of discharge, and (6) place of discharge. The report shall emphasize that the information given is confidential.

16A8.3. Upon the discharge of a person from the naval service on whom a diagnosis of pulmonary tuberculosis has been definitely established, the medical officer in command of the hospital in which the separation from the service is culminated shall notify the Tuberculosis Control Division, U. S. Public Health Service, Bethesda 14, Maryland, giving the information as stated in 16A8.2 (c).

16A8.4. In accordance with local health laws and regulations, the medical officer in command shall report to the proper civil authorities all births, including stillbirths, and deaths occurring in his command. For further information relative to deaths reference should be made to Part III, Chapter 4.

## 16A9

**Patients.**—16A9.1. The medical officer in command is responsible for the treatment of all patients. Major surgical operations and special forms of treatment shall not be undertaken without his approval.

16A9.2. He shall require prompt information regarding all patients whose condition is unsatisfactory, and shall maintain lists of those in a serious or critical condition. Medical officers in command of hospitals within the continental limits shall keep the next of kin, or others who may have a proper interest, fully advised regarding such cases; and, in the event of death, he shall promptly notify them and obtain their instructions in accordance with paragraphs 3417, 3418, and 3419. On the first and fifteenth of each month, the medical officer in command shall forward by air mail direct to the next of kin a letter of progress concerning each wounded or injured patient returned from outside the continental limits of the United States.

## 16A10

**Personnel.**—16A10.1. The medical officer in command shall provide rotation of duty for junior officers, Nurse Corps officers, and hospital corpsmen in order that they may acquire professional experience and that an equitable distribution of duty may be accomplished. It is his duty to inform the Bureau of special proficiencies of personnel. Modification in the complement or allowance of his command shall be justified by the medical officer in command in a request to the Bureau of Naval Personnel, via the Bureau, through regular channels.

16A10.2. In order that facilities of the hospital may be efficiently employed for training Medical Department personnel, the medical officer in command shall:

(a) Provide for instruction of qualified personnel of the command in the specialties for which the hospital is adequately equipped and for basic training to officers ordered to the hospital for instruction.

(b) Require that all staff medical officers below the rank of lieutenant commander, except those designated as specialists, shall be proficient in surgical operations which are encountered in emergencies

## PT. I, CH. 6A. NAVAL HOSPITALS

at sea, such as operations for intestinal obstructions, appendicitis, intestinal perforation, strangulated hernia, etc.

(c) Arrange for assignments of interns to meet requirements established by the Council on Medical Education and Hospitals of the American Medical Association.

(d) Hold periodic conferences of the staff to discuss professional and administrative subjects. When practicable, qualified military and civilian personnel should be invited to participate in these conferences in order to stimulate professional advancement.

(e) Establish cooperative relationship with professional civil organizations in order that the medical staff may profit from such associations.

(f) Facilitate the use of professional and instructional services of the hospital by Medical Department officers attached to other activities.

(g) Provide for prescribed instruction for hospital corpsmen.

(h) Maintain an adequate professional library and make requests as appropriate to the Bureau for periodicals to meet the requirements of the staff.

(i) Require that personnel attached to the hospital be indoctrinated in military courtesy.

16A10.3. It is the duty of the medical officer in command to prohibit (a) pecuniary dealings between patients and Medical Department personnel except as may be required for the proper custody of valuables and effects as authorized by competent authority (Arts. 85 and 104, *Navy Regulations*); and (b) the collection of unauthorized funds within the command.

## 16A11

**Reports and Records.**—16A11.1. The medical officer in command is responsible for all official reports and returns and hospital records. It is his duty to require that official records be made only upon forms prescribed by the Navy Department or other Federal activities. He shall approve entries involving "misconduct" or "not in the line of duty" status. All other entries in Health Records shall be approved by him or by an officer specifically designated by him. He shall exact punctilious compliance with current instructions regarding preparation of case records. He shall assure himself that the filing arrangements for correspondence, records, and reports conform with the prescribed system and that the filing system is efficient. (Reference should be made to Parts V and VI.)

16A11.2. The medical officer in command shall sign all hospital correspondence, which shall be prepared in accordance with Chapter 52 (as amended by SecNav Letter 43-877, *Navy Department Bulletin, Cumulative Edition*) and Articles 75 and 76, *Navy Regulations*. Correspondence dealing with internal administration shall be forwarded to the Bureau direct (Arts. 2009 (5) and 1482 (4) (d), *Navy Regulations*). If it involves military policy or the operation of a unit other than the hospital, it shall be forwarded through the commandant (if the hospital is a unit of a group command), or commanding

## SECTION II. THE MEDICAL OFFICER IN COMMAND

general (if part of a Marine command), and the district commandant (Art. 1482 (4) (e), *Navy Regulations*).

## 16A12

**Inspections.**—The medical officer in command is charged with making, or causing to be made, necessary inspections to determine that the hospital is adequately equipped and manned, that it is functioning economically and efficiently, that all services, departments, and facilities are well managed and maintained, and that *Navy Regulations*, orders and directives of the Bureau, and hospital regulations are being enforced. Inspections shall be governed by the following provisions:

(1) Buildings and grounds, exclusive of private quarters, shall be inspected weekly, but not on Sundays. Formal military inspections of wards should not interfere with the treatment and care of patients therein.

(2) Matériel, other than commissary stores, shall be inspected on receipt as to quantity, quality, and compliance with specifications. Periodic inspections also shall be made of upkeep, maintenance of minimum stocks, and adequacy of storage facilities for medical and surgical materials, as well as spare parts of all apparatus and machinery, and for compliance with policies of the Navy Department and the Bureau regarding periodic overhaul and replacement.

(3) Inspection of commissary stores shall be made on receipt as to quality, quantity, and compliance with specifications and contract agreements. Periodic inspections shall be made of food preservation and the adequacy of cold storage, chill rooms, and other food storage facilities.

(4) Such other inspections as in the opinion of the medical officer in command are necessary to provide for the care of patients and efficient services of the staff shall be held periodically.

## 16A13

**Safety Precautions.**—16A13.1. The medical officer in command shall provide necessary safeguards against fire, industrial, and traffic hazards. Fire drill shall be held at least once a week and an effective fire bill shall be prepared and kept up to date. All personnel shall be indoctrinated regarding the sounding of alarms and the rescue of patients. The medical officer in command shall assure himself that provision is made for the quick opening of barred and locked windows and doors in event of fire or other emergency and that adequate directions are posted outside each ward or room.

16A13.2. Emergencies which may result from enemy attacks shall be provided for by appropriate bills, procedure for handling casualties, and regular drills.

16A13.3. In time of war, the hospital shall fly the Red Cross flag, and when considered necessary by the medical officer in command shall have other signs of its nonmilitary status in evidence.

## 16A14

**Discharge of Patients.**—16A14.1. The medical officer in command shall not permit naval patients to be retained in the hospital longer

## PT. I, CH. 6A. NAVAL HOSPITALS

than is necessary to restore them to a condition of fitness for duty. He shall cause all personnel to be brought before boards of medical survey when appropriate in accordance with directions given in Part III, Chapter 3, especially paragraph 3330.3. (See, also, par. 16A36.)

16A14.2. Supernumerary patients shall not be discharged until restored to health or until maximum benefit from treatment has been achieved, except upon their own request or upon completion of the hospitalization directed by the Government agency by whose authority they were admitted. Beneficiaries of the Employees' Compensation Commission shall not be continued in a naval hospital beyond the period made necessary by the injury or sickness, but shall be discharged as soon as outpatient or dispensary treatment can be substituted for hospital care. Reference should be made to Part IV, Chapter 1, for detailed regulations concerning supernumerary patients.

## SECTION III. THE EXECUTIVE OFFICER

	Paragraph
General Duties .....	16A15
Patients .....	16A16
Personnel .....	16A17
Safety Precautions .....	16A18
Inspections .....	16A19

## 16A15

**General Duties.**—The medical officer next in rank to the medical officer in command, when practicable, shall be the executive officer. All orders of the executive officer shall be regarded as proceeding from the medical officer in command. He shall, while executing the orders of the medical officer in command of the hospital, take precedence over all officers attached to the hospital (Sec. 1469, *Rev. Stat.*; Arts. 182, 932, *Navy Regulations*). His duties in general embrace supervision of the details in connection with the maintenance and operation of the hospital in all departments, including the care of patients. Accordingly, the executive officer shall keep himself fully informed regarding the policies of the medical officer in command and all laws, *Navy Regulations*, and orders, rules, and instructions affecting the hospital issued by the Bureau or other competent authority. He shall keep the medical officer in command fully advised concerning all matters of importance upon which he has acted. He shall endeavor to maintain a high level of morale among the staff and patients.

## 16A16

**Patients.**—16A16.1. The executive officer shall keep the medical officer in command advised of the condition of patients and shall have immediate charge of those the medical officer in command designates. He shall exercise particular vigilance concerning patients considered to be in a serious or critical condition. He is charged with issuing instructions for the guidance and control of officer and enlisted patients.

16A16.2. He shall designate the hours when visitors may be re-

## SECTION III. THE EXECUTIVE OFFICER

ceived by patients. When patients express a desire for spiritual ministrations, he shall endeavor to obtain the services of a chaplain or other clergyman. Patients too ill to express a desire for spiritual ministrations, shall, whenever practicable, be provided ministrations by a clergyman of the patient's faith.

16A16.3. The executive officer is responsible for arrangements for the care of the dead.

## 16A17

**Personnel.**—16A17.1. The executive officer is charged with the development and maintenance of an efficient organization of all services, departments, and facilities of the hospital. It is his duty to supervise the assignment of all officers and enlisted personnel of the hospital staff and civil employees. The senior officer of the Nurse Corps shall submit recommendations approved by the assistant to the executive officer (professional) relative to the assignment of Nurse Corps officers. The personnel officer handles the assignments of enlisted personnel and civilians with the approval of the executive officer. The executive officer shall have bulletin boards located in suitable places where copies of all orders and notices issued by the medical officer in command and all general and special orders shall be posted.

16A17.2. The executive officer is responsible for (a) suppressing disorders, correcting abuses, and taking all measures necessary to maintain discipline; (b) seeing that all infractions of law or of *Navy Regulations*, and violations of discipline are promptly reported to the medical officer in command for appropriate action; and (c) seeing that all instances of commendable conduct exhibited and meritorious acts performed, by the staff or patients, as well as the names of members of the staff showing outstanding ability, are brought to the attention of the medical officer in command.

16A17.3. It is the executive officer's duty to make all necessary arrangements for the safety of personnel and property, and to organize an adequate police system, including a master-at-arms detail and a station bill for the Marine guard. If no Marine guard is attached to the hospital and the hospital is not a unit of a naval reservation, the master-at-arms force shall be so organized that the grounds are adequately guarded. Court-martial prisoners shall be guarded, whenever practicable, by the Marine detachment or by a special guard detailed for that purpose. An armed guard of hospital corpsmen shall not be organized unless it is impossible otherwise to guard such prisoners.

16A17.4. The executive officer shall (a) supervise the preparation of liberty lists and the issue of passes to enlisted personnel and civil employees, and prescribe the method of checking the departure and return of those granted liberty; (b) make recommendations concerning leave requests to the medical officer in command; (c) receive all requests of officers to be absent from duty for short periods or from morning quarters, acting on such requests in the manner prescribed by the medical officer in command; and (d) provide for daily

## PT. I, CH. 6A. NAVAL HOSPITALS

muster of staff and patient personnel, reporting unauthorized absences to the medical officer in command.

16A17.5. The executive officer is charged with supervising the arrangements for proper facilities for recreation, entertainment, and athletics, and endeavoring to provide opportunities to attend divine services for those attached to the hospital.

## 16A18

**Safety Precautions.**—16A18.1. The executive officer shall promulgate traffic regulations and provide safeguards for property and personnel. The absence of proper safety devices shall be reported to the medical officer in command. The executive officer is charged with responsibility for the installation and employment of such devices. He shall maintain an up-to-date fire bill, providing for all requirements in paragraph 16A13, and prescribe the times at which the weekly fire drill shall be held, taking charge of all such drills and fire-fighting operations.

16A18.2. If no disbursing officer is attached to the hospital, the executive officer shall arrange for safekeeping of moneys and valuables belonging to patients in such manner as the medical officer in command may direct.

16A18.3. The executive officer shall arrange for safe custody of all hospital keys, and require compliance with the instructions concerning the receipt, custody, and issue of alcohol, narcotics, and poisons contained in paragraphs 12B20, 12B21, and 12B22.

## 16A19

**Inspections.**—16A19.1. The executive officer shall provide for all inspections, conducting, or designating an officer to conduct, such of these inspections as the medical officer in command may direct. Matériel inspections shall be planned to comply with the requirements of 16A12 and 16A18.1. On such days as the medical officer in command does not inspect the buildings and grounds, the executive officer shall inspect them or arrange for their inspection. He shall immediately report to the medical officer in command any unsatisfactory condition found.

16A19.2. In addition to the provisions for inspections required by paragraph 16A12, the executive officer shall require that the officer of the day inspect all meals. At such time as he may elect, the executive officer shall partake of the meals served to determine that food is properly prepared, of good quality, and sufficient in quantity. He shall frequently inspect special diets, their preparation and service; shall verify their adherence to diet prescriptions; and shall assure himself that they are appetizing, yet prepared with due regard for economy.

16A19.3. The executive officer shall observe officer personnel to determine their efficiency in performance of duty and compliance with regulations; and shall inspect, or have inspected, the clothing and outfits of all enlisted personnel, assuring himself that such personnel have the required clothing and that uniforms are in good con-

# SECTION IV. ADDITIONAL ADMINISTRATIVE AND MILITARY FUNCTIONS

dition and comply with regulations. He shall inspect, or require another to inspect, each day, the condition of persons confined in the brig.

## SECTION IV. ADDITIONAL ADMINISTRATIVE AND MILITARY FUNCTIONS

	Paragraph
Officer of the Day .....	16A20
Other Administrative Officers .....	16A21
Permanent Watches .....	16A22

### 16A20

**Officer of the Day.**—16A20.1. The officer of the day is the representative of the medical officer in command, to whom he is directly responsible for compliance with orders and maintenance of good order and discipline. During the temporary absence of the medical officer in command and the executive officer he is charged with the efficient management of the hospital. He shall render routine reports as directed by the medical officer in command or the executive officer. In important matters he shall at any time request advice from these officers, or in their absence, from the senior watch officer, or other senior officers available (*Art. 1061, Navy Regulations*).

16A20.2. The tour of duty for the officer of the day shall consist of 24 hours, beginning at 1000, and he shall remain on the hospital reservation during this time. His duties shall be those prescribed by the medical officer in command and the executive officer. Before assuming the duty as officer of the day, an officer shall acquaint himself with conditions in the hospital. He shall remain in charge until properly relieved.

16A20.3. The officer of the day shall keep a complete, succinct record of events in the journal provided for that purpose during his tour of duty, including all entries required by the medical officer in command. Upon completion of his tour of duty, the officer of the day shall sign the journal and submit it to the medical officer in command for his approval. Any entries made by another officer temporarily relieving the officer of the day shall be signed by the officer making such entries. The following matters are suggested as being of sufficient importance to be entered in the journal: All inspections; quality and quantity of meals; special ambulance trips; summary of all patients received and discharged; fires and fire drills; arrival and departure of personnel on leave; personnel reporting for duty or being detached; personnel absent without leave or over leave; confinement and release of offenders; meetings of all courts and boards; deaths; and any event or occurrence of which a record may be valuable for reference.

### 16A21

**Other Administrative Officers.**—For coordination of the work of various administrative departments, transaction of hospital business, preparation of correspondence, records, reports and returns, and the orderly filing of documents, there shall be established in naval hos-

## PT. I, CH. 6A. NAVAL HOSPITALS

pitals the administrative offices shown in the organization chart in paragraph 16A5. For the duties of officers performing such assignments reference should be made as follows: Assistant to the executive officer (administration), paragraph 1510; finance officer, paragraph 1511; personnel officer, paragraph 1512; record officer, paragraph 1513; maintenance officer, paragraph 1514; commissary officer, paragraph 1515; pharmacy officer, paragraph 1516; welfare and recreation officer, paragraph 1517; and disbursing officer, *Bureau of Supplies and Accounts Manual*.

## 16A22

**Permanent Watches.**—16A22.1. In addition to that of the officer of the day the medical officer in command shall cause to be established other watches necessary to care for patients or to police and guard the hospital property.

16A22.2. At larger hospitals the medical officer in command may establish a senior watch, consisting of officers not below the rank of lieutenant commander, who shall act in an advisory capacity to the officer of the day. The functions and responsibilities of such a watch shall be primarily those related to professional questions or problems that may arise.

16A22.3. The personnel officer, with the approval of the executive officer, shall assign a member of the Hospital Corps to serve as master-at-arms, with the necessary additional assistants. The master-at-arms shall be a chief pharmacist's mate when practicable. He shall perform the duties prescribed in Article 1277, *Navy Regulations*, except as modified by the medical officer in command in case of court-martial prisoners in the custody of a Marine guard. He shall have such duties in connection with administration of the hospital corpsmen as are assigned by the personnel officer with the approval of the executive officer, and, unless otherwise provided, shall conduct the daily muster of these men. He shall inspect the fire-fighting apparatus daily, and make a report thereof to the maintenance officer. He shall accompany the medical officer in command on routine inspections. Police and other duties for which he shall be responsible will be assigned by the executive officer.

## SECTION V. PROFESSIONAL SERVICES

	Paragraph
Organization .....	16A23
Regulations .....	16A24
Assistant to the Executive Officer (Professional) .....	16A25
Chiefs of Services .....	16A26
Heads of Departments .....	16A27
Ward Medical Officers .....	16A28
Junior Medical Officers .....	16A29
Supervision of Nurse Corps Officers .....	16A30
General Duties of the Senior Nurse Corps Officer .....	16A31
Specific Duties of the Senior Nurse Corps Officer .....	16A32
Junior Nurse Corps Officers .....	16A33
Assignment of Nurse Corps Officers to Duty .....	16A34
Hospital Corpsmen .....	16A35
Patients .....	16A36
Disposition of Patients .....	16A37
Supernumerary Patients .....	16A38

## SECTION V. PROFESSIONAL SERVICES

## 16A23

**Organization.**—The organization chart in paragraph 16A5 indicates an approved organization of professional activities of a large naval hospital. Such modifications as the medical officer in command deems necessary to fit his particular organization shall be made, but insofar as possible the basic organization indicated by the chart shall be followed.

## 16A24

**Regulations.**—The executive officer is responsible for preparing and posting regulations governing the administration of the professional functions of the hospital. In addition, the assistant to the executive officer (professional), chiefs of services, heads of departments, and ward medical officers shall issue, subject to the approval of superior officers, instructions necessary to insure that their duties will be properly carried out.

## 16A25

**Assistant to the Executive Officer (Professional).**—16A25.1. The assistant to the executive officer (professional) shall act as coordinator of all professional features of the hospital, under the executive officer and the medical officer in command. He shall have general responsibility for the care and treatment of all patients. He shall keep the executive officer and the medical officer in command informed of any patient in a serious or critical condition.

16A25.2. It shall be the function of the assistant to the executive officer (professional) to promote liaison between services and to supervise the professional training of attached Medical Department personnel. Under the direction of the medical officer in command and the executive officer he shall arrange for professional conferences, lectures, and demonstrations for the instruction of attached Medical Department personnel. He shall make recommendations to the medical officer in command and the executive officer concerning the assignment and training of attached Medical Department personnel assigned to professional activities. He shall arrange for the procurement and custody of suitable instructional and reference material for the professional library and for other training purposes, including audio-visual materials.

16A25.3. The assistant to the executive officer (professional) shall supervise and instruct medical officers in the degree of detail, and the type and amount of information to be contained in the medical records of patients. He shall review all medical surveys.

16A25.4. He shall advise the medical officer in command of deficiencies in the physical plant, and make appropriate recommendations relating to the improvement of facilities for the professional care of patients.

## 16A26

**Chiefs of Services.**—These officers shall, whenever practicable, be the senior officers attached to the services. They shall (1) supervise

## PT. I, CH. 6A. NAVAL HOSPITALS

and, when necessary, direct the treatment of all patients in wards assigned to their services; (2) keep the assistant to the executive officer (professional) advised of the status of patients, particularly those in serious or critical condition; (3) consult with other medical officers when necessary; (4) make recommendations to the assistant to the executive officer (professional) if facilities of the hospital appear to be inadequate for patients under their charge; (5) arrange for conferences with chiefs of other services, with the approval of the assistant to the executive officer (professional); (6) formulate rules, subject to the approval of the assistant to the executive officer (professional), the executive officer, and the medical officer in command, to provide efficient service to the entire hospital by clinical facilities under their supervision; (7) require that records and reports be accurate, kept up to date, and promptly completed on discharge of patients from wards under their supervision.

## 16A27

**Heads of Departments.**—Heads of departments in the professional division shall be appointed, when necessary, by the chiefs of the cognizant services with the approval of the assistant to the executive officer (professional) and the medical officer in command. They shall have administrative authority and responsibility for their departments, under the supervision of their chiefs of services.

## 16A28

**Ward Medical Officers.**—16A28.1. The medical officers in charge of wards shall have full administrative authority over and responsibility for their wards, under the supervision of their chiefs of services. They shall be responsible for the neatness of the wards and appurtenances thereto under their charge. They shall exercise personal supervision over the sick, and require officers of the Nurse Corps and hospital corpsmen to be considerate and attentive in the care of all patients and punctilious in the administration of medicine. They shall be responsible for all ward books, records, and forms. They shall see that all ward property is carefully used and properly accounted for. They shall sign the morning reports of sick and report to the proper authority all patients who, in their opinion, are fit for duty, for convalescent detail, or who should be surveyed. They shall verify the property list when relieving another officer in charge of the ward. They shall require compliance with all instructions or orders regarding custody, issue, and administration of alcohol, narcotics, and poisons in the wards under their charge.

16A28.2. They shall visit the sick at such hours as may be prescribed and whenever necessary. They shall consult with the chief of service, when necessary, and keep him advised regarding patients in their wards. In emergency, the medical officer in command, executive officer, assistant to the executive officer (professional), or any other available officer, may be called in consultation. They shall accompany the medical officer in command or the executive officer on

## SECTION V. PROFESSIONAL SERVICES

inspections of the wards and invite their attention to matters of professional or administrative interest. They shall inform the officer of the day before they leave the hospital of the condition of patients under their charge who may need special attention during their absence. They shall prepare a daily list of the seriously or critically ill patients under their care for the information of the medical officer in command.

16A28.3. They shall familiarize themselves with instructions and orders regarding procedures to be followed in case of fire. In the event of fire, they shall supervise the removal of helpless and bed-ridden patients from the wards under their charge, using any personnel available.

16A28.4. They shall give personal supervision to the diets and messing of the ward sick, exercising care to keep special diets to a minimum consistent with the patients' welfare.

## 16A29

**Junior Medical Officers.**—16A29.1. Junior medical officers, when not serving as ward medical officers, shall perform such duties as may be assigned by the medical officer in command.

16A29.2. All junior medical officers except interns shall be detailed for duty as officer of the day.

16A29.3. Junior medical officers serving internships at the hospital shall stand instruction watches, attend lectures and meetings, and perform such duties as the medical officer in command may prescribe.

## 16A30

**Supervision of Nurse Corps Officers.**—The Nurse Corps officers assigned to a hospital are supervised by the senior Nurse Corps officer, under the direction of the medical officer in command, the executive officer, and the assistant to the executive officer (professional).

## 16A31

**General Duties of the Senior Nurse Corps Officer.**—The senior Nurse Corps officer shall perform, subject to adaptation to the naval service, the functions of a superintendent of nurses in a civilian hospital. She shall exercise general supervision of the nursing service, keep herself advised of policies of the medical officer in command in relation thereto, and supervise the execution of all orders, regulations, and instructions of the executive officer and assistant to the executive officer (professional) affecting the nursing service. She shall require obedience to orders and report violations of discipline. When the senior Nurse Corps officer is absent from duty the Nurse Corps officer next junior to her shall perform her duties.

## 16A32

**Specific Duties of the Senior Nurse Corps Officer.**—16A32.1. The senior Nurse Corps officer shall prepare detail lists and arrange

## PT. I, CH. 6A. NAVAL HOSPITALS

watches for officers of the Nurse Corps attached to the hospital and submit them to the executive officer, via the assistant to the executive officer (professional), for approval. She shall exercise care in arranging schedules so that they provide an equitable distribution of duty.

16A32.2. The senior Nurse Corps officer shall inspect or cause to be inspected at least twice each day all parts of the hospital in which Nurse Corps officers are employed. She shall accompany the medical officer in command on all routine inspections of the hospital and on such other inspections as he may direct.

16A32.3. She shall report promptly to the executive officer and to the assistant to the executive officer (professional) any Nurse Corps officer who may require relief from duty.

16A32.4. The senior Nurse Corps officer shall (a) arrange, subject to the approval of the assistant to the executive officer (professional), conferences of Nurse Corps officers for discussion of professional problems; (b) provide instruction in naval and hospital regulations for Nurse Corps officers serving probationary periods and others newly assigned to duty; and (c) make provision for the instruction of hospital corpsmen in nursing, conducting, if so directed, examinations in this subject and reporting the results to the executive officer.

16A32.5. The senior Nurse Corps officer shall have charge of the linen room and shall keep, or cause to be kept, a careful record of all linen. She shall see that all linen issued is properly marked.

16A32.6. The senior Nurse Corps officer shall have custody of Nurse Corps officers' records and shall prepare the required reports concerning the nursing service for approval by the medical officer in command. She shall prepare and maintain up-to-date records, including: (a) Nurse Corps officers' Health Records, except that, when an officer of the Nurse Corps is on the sick list her Health Record shall be in custody of the medical officer in charge of her treatment; (b) Nurse Corps officers' folders, in which shall be filed copies of orders, authority for leave, fitness reports, and other data of which record is made, and which shall show the name and designation, name and address of next of kin, and dates of reporting, transfer, or discharge; (c) a day book in which shall be entered the detail of each Nurse Corps officer for the day, nature of duty, hours of duty, etc.; and (d) a correct inventory of Government property in the Nurse Corps officers' quarters.

16A32.7. The senior Nurse Corps officer shall supervise the Nurse Corps officers' mess if it is maintained in the quarters of the officers of the Nurse Corps, and shall be charged with the custody of all mess gear, utensils, and other Government property issued to the mess. She shall submit requisitions for provisions at times specified by the executive officer and shall be responsible for the economical operation of the mess.

16A32.8. She shall make recommendations to the executive officer regarding the maintenance of the Nurse Corps officers' quarters, provision for recreational facilities, and other matters which contribute to the health, contentment, and general welfare of the Nurse Corps officers attached to the hospital.

## SECTION V. PROFESSIONAL SERVICES

## 16A33

**Junior Nurse Corps Officers.**—16A33.1. All Nurse Corps officers shall be under the immediate supervision of the senior Nurse Corps officer, in accordance with the instructions of the executive officer and the medical officer in command.

16A33.2. Nurse Corps officers have the right to communicate with the medical officer in command. Applications to communicate with the medical officer in command on official matters shall be made to the executive officer via the senior Nurse Corps officer.

## 16A34

**Assignment of Nurse Corps Officers to Duty.**—16A34.1. Nurse Corps officers shall be assigned to duty by the executive officer on the recommendation of the senior Nurse Corps officer approved by the assistant to the executive officer (professional).

16A34.2. Nurse Corps officers on duty in wards shall diligently carry out all written orders of medical officers which relate to the nursing care of patients. They shall have the necessary authority over patients and hospital corpsmen for purposes of direct care of the sick and of other duties attendant upon ward work, and shall be responsible for the conduct, attention to duty, and practical instruction of corpsmen in the details assigned to them. In case of neglect of duty, or insubordinate conduct on the part of hospital corpsmen, the Nurse Corps officer shall report the matter to the ward medical officer or, in his absence, to the officer of the day.

16A34.3. A Nurse Corps officer assigned to a ward shall not absent herself from her post of duty without being properly relieved, nor shall she be called away from her station of duty except in extreme emergencies.

16A34.4. The Nurse Corps officer shall accompany, unless excused, any officer officially visiting the part of the hospital under her charge.

16A34.5. The Nurse Corps officer is responsible for all keys under her charge. When she leaves the ward, such keys must be transferred to the Nurse Corps officer relieving her, or to the senior hospital corpsman in the ward.

16A34.6. Nurse Corps officers shall see that all narcotics and alcoholic liquors issued to the ward are kept under lock and key when not in use. They shall be especially careful with regard to poisons, and shall see that the instructions concerning the care of poisons and the use of poison containers are enforced. Nurse Corps officers shall inspect the labels on the containers of all narcotics, alcoholic liquors, and poisons issued to the ward, and if improper labels are discovered, a report shall be made to the ward medical officer or to the officer of the day.

16A34.7. Nurse Corps officers shall see that the money and valuables of patients who so request are safeguarded in accordance with instructions of the executive officer. A list of such money and valuables shall be made and filed according to instructions.

16A34.8. The Nurse Corps officer in charge of a ward shall be

## PT. I, CH. 6A. NAVAL HOSPITALS

notified when a patient is to be confined in the brig or is to be restricted to the ward of the hospital. When a patient is confined in the brig or is absent without leave longer than 24 hours, the Nurse Corps officer shall have all his clothing and other belongings collected. A list of the items collected shall be made. The property and a copy of the list shall be delivered to the master-at-arms. When a patient leaves the hospital the Nurse Corps officer shall see that he turns in all ward linen and wearing apparel issued to him.

16A34.9. The ward Nurse Corps officer shall be responsible for the prescribed ward records, books, forms, and reports.

16A34.10. Normally no Nurse Corps officer shall be required to perform night duty for a period exceeding one month, and shall not ordinarily be called upon for night duty more frequently than one month out of every three. In tropical stations the period of night duty should be of shorter duration. A Nurse Corps officer relieved from night duty shall ordinarily have a free day before assignment to regular day duty.

16A34.11. The night Nurse Corps officer shall be informed of all emergencies arising in the wards and shall be held responsible for giving timely information to the officer of the day. All orders relative to treatment during the night shall be given to her, and she shall be responsible for compliance with such orders. Before going off duty she shall see that the prescribed morning routine is in operation and shall leave a written report of any incident worthy of note occurring during her tour of duty.

16A34.12. In hospitals where a Nurse Corps officer is assigned as night supervisor, she shall make rounds of all wards and shall arrange for the relief of Nurse Corps officers and hospital corpsmen during the night lunch hour. She shall be responsible for the morning report submitted to the senior Nurse Corps officer.

## 16A35

**Hospital Corpsmen.**—16A35.1. Enlisted personnel of the Hospital Corps shall perform such duty under the direction of the personnel officer as the medical officer in command may direct. They shall familiarize themselves with orders and instructions in relation to the work of the wards, offices, or special details to which they may be assigned by the personnel officer. They shall familiarize themselves thoroughly with their stations and duties in connection with fire drill, and with all regulations for safeguarding patients and Government property and the maintenance of order.

16A35.2. Subject to approval of the executive officer, hospital corpsmen are assigned to duty by the personnel officer through the master-at-arms.

16A35.3. When actually on watch, hospital corpsmen are under the immediate supervision of the Nurse Corps officer, if one be present, subject to the authority of the medical officers attached to the service, department, ward, office, or activity to which they are assigned for duty. When not on watch they are under the immediate supervision of the executive officer, represented, for this purpose, by

## SECTION V. PROFESSIONAL SERVICES

the officer of the day and the master-at-arms. (See, also, paragraph 16A34.2.)

## 16A36

**Patients.**—16A36.1. For administrative purposes, patients are attached to the naval hospital and come under the direct supervision of the medical officer in charge of their ward. They shall be required to comply with all lawful orders and instructions governing their conduct and treatment.

16A36.2. Convalescent service patients may be detailed for light duty (Art. 1192, *Navy Regulations*). A patient shall be assigned duty only with the approval of the ward medical officer in charge of the case. The nature of the duties the patient is to perform shall be carefully defined and clearly understood by the ward medical officer who approves the detail and by the person who will be in charge of the patient's work.

16A36.3. Patients may be granted sick leave upon the approved recommendation of a board of medical survey (Art. 1728, *Navy Regulations*). They are considered to be in either a static or recovery state and not on normal leave. Patients who are not in need of regular treatment may be granted convalescent leave by the commanding officer in accordance with current instructions. Reference should be made to paragraphs 233.4(b), 233.6(d), 235.6(b), 237.17, and 3312.

## 16A37

**Disposition of Patients.**—16A37.1. Officers and enlisted personnel shall be discharged to duty promptly upon recovery and shall be transferred as provided in Article D-7017 (1) and (4), *Bureau of Naval Personnel Manual*, and current directives of the Bureau of Naval Personnel and Commandant, Marine Corps.

16A37.2. When transfer of patients is considered advisable either to facilitate recovery or to make the most effective use of available bed space, medical officers in command of naval hospitals and naval special hospitals may transfer patients, except psychotics, at Government expense without a medical survey. Transfers between hospitals in the same naval district shall be made upon the approval of the commandant. Transfers to a hospital outside the naval district shall be made only after prior approval of the Bureau, in order that there may be available bed spaces in the hospital to which transfer is desired. Psychotic patients and patients being transferred to non-naval hospitals shall not be transferred except upon an approved report of medical survey (Part III, Chapter 3).

16A37.3. When a patient at a naval hospital desires transfer to another naval hospital, and such transfer is considered by the medical officer in command to be unnecessary to facilitate recovery or to make the most effective use of available bed space, a request for transfer shall be submitted by the patient to the Bureau of Naval Personnel or Commandant, Marine Corps, as the case may be, via the medical officer in command and the Bureau. The medical officer in command shall, in forwarding such request, make recommendations and state the probable length of time before the man will be available for duty.

## PT. I, CH. 6A. NAVAL HOSPITALS

Upon approval of the request, orders for transfer are issued by the Bureau of Naval Personnel. The patient shall be informed that the transfer will be approved only upon the condition that he agrees to pay the expenses of transportation, unless he was admitted as an evacuee from a combat area.

16A37.4. For procedure when an officer has been under treatment for three months or an enlisted man for six months, or in other cases requiring survey, reference should be made to Part III, Chapter 3.

16A37.5. Patients in need of further treatment at expiration of enlistment shall be so reported by letter to the Bureau of Naval Personnel or Commandant, Marine Corps, as the case may be, and retained in the hospital for the convenience of the Government.

16A37.6. Upon the expiration of enlistment of any person who is a patient in a naval hospital, and whose condition is such that reenlistment would be impossible, a medical survey shall be held in order that he may be discharged for physical disability instead of being discharged on account of expiration of enlistment (par. 3315).

## 16A38

**Supernumerary Patients.**—Regulations and instructions concerning supernumerary patients are contained in Part IV, Chapter 1.

## SECTION VI. ACCESSORY SERVICES

	Paragraph
Clinical Facilities .....	16A39
Pharmacy .....	16A40
Training .....	16A41
Special Messes .....	16A42
Welfare and Recreation .....	16A43
Libraries .....	16A44
American Red Cross .....	16A45
Civil Employees .....	16A46
Chaplains .....	16A47

## 16A39

**Clinical Facilities.**—16A39.1. The chief of a service shall be responsible for the operating and accessory treatment rooms of that service. All operating rooms and their appliances shall be kept in readiness for immediate use. The operating rooms shall be provided with an operation book in which shall be recorded data regarding each operation. The chief of service shall issue necessary instructions to Nurse Corps officers and hospital corpsmen regarding procedures and technique and shall train assistants and others assigned for instruction. Reference should be made to paragraph 16A25.

16A39.2. The medical officer in charge, with the approval of the chief of service, shall cause to be formulated all necessary rules for the economical maintenance of x-ray rooms, electrocardiograph rooms, basal metabolism rooms, laboratories, physical therapy rooms, etc. Necessary measures shall be taken to assure that patients, operators, instruments, apparatus, and machines are safeguarded; and that personnel authorized to operate instruments, apparatus, and

## SECTION VI. ACCESSORY SERVICES

machines are qualified. Reference should be made to paragraphs 16A24 and 16A25.

## 16A40

**Pharmacy.**—For information concerning the pharmacy reference should be made to paragraph 1516.

## 16A41

**Training.**—16A41.1. A secondary mission of a naval hospital is to instruct Medical Department personnel in their professional duties. The medical officer in command is directed to provide training for the staff (par. 16A10.2). Chiefs of services or designated officers shall use the clinical material and facilities available to instruct and indoctrinate junior officers and hospital corpsmen. Officers of the Nurse Corps likewise shall use the material available to them to instruct hospital corpsmen in nursing and to indoctrinate junior Nurse Corps officers in naval practice and ward management.

16A41.2. The medical officer in command shall designate officers to supervise the instruction of hospital corpsmen in the subjects required by training courses prescribed by the Bureau of Naval Personnel. These officers shall prepare a curriculum and submit it, together with the names of hospital corpsmen required to take the courses, to the executive officer for approval.

16A41.3. Such provision as the medical officer in command may consider necessary shall be made for the instruction of special groups, such as indoctrination courses for interns or classes for applicants for entrance to the Naval Academy.

## 16A42

**Special Messes.**—16A42.1. The medical officer in command may authorize separate messing facilities, which shall be issued rations or subsistence in kind from the commissary department.

16A42.2. Rations issued to these messes shall be identical with the ration served in the general mess. No distinction in quantity or quality shall be made in favor of any mess when issued subsistence in kind. The quantities issued shall be computed on the basis of the number to be served.

16A42.3. Government property required for the establishment and maintenance of messes shall be charged to the custody of the commissary officer. If the Nurse Corps officers' mess is located within their quarters, custody of Government property for the mess shall be assigned to the senior Nurse Corps officer.

16A42.4. The commissary employees assigned to special mess duty shall be supervised by the commissary officer.

16A42.5. The privileges of the messes are to be limited to service personnel attached to the hospital and their occasional guests, civil employees, and duly accredited Red Cross representatives.

16A42.6. The charge for meals shall be at the rate of 25 cents per meal for those not entitled to subsistence in kind. This charge shall

## PT. I, CH. 6A. NAVAL HOSPITALS

be paid by all personnel for meals served their guests. At the end of the month or earlier, if necessary, the medical officer in command shall furnish the disbursing officer a letter directing by name and amount the charges for meals to be checked against the accounts of personnel indebted to the Government for meals. This letter shall indicate the number of meals furnished the individuals and the number of meals furnished to guests. A copy of the letter shall be delivered to the finance officer. The amounts so checked shall be credited to the appropriation "Medical Department, Navy."

16A42.7. Officers may be assigned to or withdrawn from the duty officers' mess only upon application to the medical officer in command.

## 16A43

**Welfare and Recreation.**—16A43.1. All activities related to welfare, recreation, and morale, except religious services, shall be under the supervision of the welfare and recreation officer. The administration of these activities will vary according to the size and location of the hospital but a coordinated program as extensive as practicable shall be provided.

16A43.2. The medical officer in command shall provide for such exhibitions of moving pictures, other entertainments, athletic events, etc., as he considers proper and shall assign necessary rooms and ground space for the purpose.

16A43.3. Allotments under the appropriation "Welfare and Recreation, Navy" are granted to commandants of naval districts and river commands for reallocation to the activities under their jurisdiction, including naval hospitals. These funds may be expended by the medical officer in command for the recreation, amusement, comfort, contentment, and health of the naval personnel under his command. For proper procedure in obtaining, expending, and accounting for these funds reference should be made to Articles E-7401—E-7411, *Bureau of Naval Personnel Manual*.

16A43.4. In addition to the appropriated funds referred to in paragraph 16A43.3, the profits of the Ship's Service department and any other Welfare Funds (Nonappropriated) available to the medical officer in command may be used for welfare and recreation purposes. For information concerning the administration of and accounting for these funds see Articles 1442 and 1443, *Navy Regulations*, and Part E, Chapter 7, *Bureau of Naval Personnel Manual*.

16A43.5. For further information relative to the welfare and recreation officer and Ship's Service, reference should be made to paragraphs 1517 and 1518.

## 16A44

**Libraries.**—16A44.1. Periodicals and books of a professional nature are obtained from the medical supply depots by requisitions to the Bureau, and are charged against funds allotted to the hospital. Professional books are Medical Department equipment, are nonexpendable, and must be accounted for at all times. When of no further use, such books must be surveyed.

## SECTION VII. HOSPITAL SHIPS

16A44.2. A limited number of new books of general interest are shipped quarterly and without request by the Bureau of Naval Personnel to most naval hospitals. Such books are not charged against allotments made to the districts or to the hospitals. Books not automatically supplied may be requested by letter addressed to the Chief of the Bureau of Naval Personnel. Part E, Chapter 6, *Bureau of Naval Personnel Manual*, gives regulations governing library records, quarterly reports, inventory, surveys, and reconditioning of books.

16A44.3. The professional library shall be a separate entity in a naval hospital. The efficiency of its services and the completeness of its catalog shall be a direct responsibility of the assistant to the executive officer (professional). Wherever possible, space for the professional library shall be separate from that of the general library, but where they are together the professional library shall be managed as a separate library and in such a manner as to afford prompt and efficient service to the professional services.

16A44.4. When the employment of civilian librarians has been authorized, correspondence relating to such employees shall be forwarded to the Bureau of Naval Personnel via the Bureau. If no civilian librarian is authorized, the medical officer in command shall make necessary provision for the management and care of the libraries. Sufficient personnel shall be provided to manage properly the professional library and general library as separate entities.

## 16A45

**American Red Cross.**—Regulations pertaining to Red Cross personnel are contained in Articles 1470 through 1479, *Navy Regulations*, and in current directives.

## 16A46

**Civil Employees.**—Regulations pertaining to civil employees at naval hospitals are contained in Part IV, Chapter 2.

## 16A47

**Chaplains.**—Officers of the Chaplains' Corps are assigned to naval hospitals under the command of the medical officer in command. All activities of chaplains shall be subject to the approval of the medical officer in command, but insofar as possible they shall be afforded every necessary facility and given freedom in performing their functions.

## SECTION VII. HOSPITAL SHIPS

	Paragraph
Regulations .....	16A48
Medical Department .....	16A49
The Medical Officer .....	16A50

## 16A48

**Regulations.**—Hospital ships which are designated as such by the Navy Department shall be employed for the purpose of caring for

## PT. I, CH. 6A. NAVAL HOSPITALS

the sick and wounded. They shall be under the general cognizance of the Bureau, so far as matters pertaining to the distinctly hospital features of the ships are concerned. They shall be governed by the *Articles for the Government of the Navy, Navy Regulations*, and in time of war, by the provisions of the Hague Convention of November 18, 1907.

## 16A49

**Medical Department.**—The medical department of a hospital ship includes all members of the Medical Corps, Dental Corps, Nurse Corps, and Hospital Corps attached thereto; all patients on the sick list of the hospital ship; and those parts of the ship devoted to the care and treatment of the sick and the storage of medical supplies and equipment.

## 16A50

**The Medical Officer.**—The medical officer of a hospital ship is the senior medical officer attached thereto. He shall be guided by the instructions for the administration of a naval hospital insofar as they may be applicable. Subject to the orders of the commanding officer he shall have charge of the medical department of the ship and all matériel and stores aboard which are under the cognizance of the Bureau. He shall be responsible for the efficient management of the medical department and shall comply with all orders issued by the commanding officer. He shall keep the commanding officer informed of all matters of importance occurring in the medical department.

## PART I—CHAPTER 6B

### SPECIAL HOSPITALS

	Paragraphs
Section I. GENERAL .....	16B1
II. ADMISSION OF PATIENTS TO OTHER	
GOVERNMENT HOSPITALS .....	16B2-16B4
III. THE ARMY AND NAVY GENERAL HOSPITAL .....	16B5-16B11
IV. THE UNITED STATES NAVAL HOME.....	16B12-16B14
V. HOSPITALS DESIGNATED FOR SPECIALIZED	
TREATMENT AND NAVAL SPECIAL	
HOSPITALS .....	16B15-16B24
VI. HOSPITALS FOR PSYCHOTICS .....	16B25-16B33
VII. OTHER GOVERNMENT HOSPITALS .....	16B34-16B36

#### SECTION I. GENERAL

	Paragraph
General .....	16B1

#### 16B1

**General.**—The Navy has designated certain hospitals for the care and treatment of personnel suffering from blindness, deafness, malignancy, poliomyelitis, psychosis, rheumatic fever, tuberculosis; for those requiring or recovering from amputations, neurosurgery, and plastic surgery; and for convalescent personnel. In addition to being admitted to such naval hospitals and to securing reciprocal hospitalization in other Federal hospitals as provided in Part III, Chapter 1, of this Manual, naval personnel may be admitted, upon fulfilling certain conditions, to special hospitals of the Public Health Service.

#### SECTION II. ADMISSION OF PATIENTS TO OTHER GOVERNMENT HOSPITALS

	Paragraph
Authority .....	16B2
Active Duty Personnel .....	16B3
Retired and Inactive Personnel .....	16B4

#### 16B2

**Authority.**—16B2.1. The Bureau is authorized to provide for the care and treatment in Government hospitals other than naval of the following classes of personnel: (a) Officers and enlisted personnel of the Navy and Marine Corps and the Naval and Marine Corps Reserves on active duty, subject to the conditions in Part III, Chapter 1, of this Manual; (b) officers and enlisted personnel of the Navy and Marine Corps on the retired list and members of the Fleet Reserve or Fleet Marine Corps Reserve, transferred thereto after 16 or more years of service, in an inactive status; and (c) officers

## PT. I, CH. 6B. SPECIAL HOSPITALS

of the Naval Reserve and Marine Corps Reserve who are retired with pay (Act of Jan. 19, 1929, ch. 85, 45 *Stat.* 1090). Except for admission to Army hospitals (pars. 16B4 and 16B34), hospitalization of retired personnel on the inactive list and of inactive Fleet Reservists shall be subject to the following conditions: (a) The authorization of the Bureau; (b) the unavailability of appropriate naval hospitals; and (c) the consent of the other Government hospitals concerned.

16B2.2. Naval pensioners are not eligible for treatment under the provisions of paragraph 16B2.1.

## 16B3

**Active Duty Personnel.**—The general authority for admission of active duty personnel to other Government hospitals in the absence of naval hospital facilities is provided in paragraph 311 of this Manual. Cases warranting admission to the Army and Navy General Hospital shall be governed, however, by paragraph 16B8.

## 16B4

**Retired and Inactive Personnel.**—16B4.1. Requests for treatment in other Government hospitals of retired personnel and inactive members of the Fleet Reserve or Fleet Marine Corps Reserve, transferred thereto after 16 or more years of service, shall be submitted to the Bureau, except that retired personnel may be admitted to any Army hospital upon direct request to the medical officer in command of the Army hospital or the surgeon of the Army station (par. 16B34). If practicable, such personnel, other than those on the retired list applying direct to an Army hospital, shall report to a naval hospital or a naval medical officer for examination. Upon completion of the examination, the naval hospital or naval medical officer shall submit a report to the Bureau covering the diagnosis and present condition of the patient with a recommendation as to the character of hospitalization required and a statement as to whether appropriate naval hospital facilities are available. If a naval hospital or a naval medical officer is not available for such examination, a certificate from the attending physician will be considered. The Bureau may validate, however, only those expenses incurred on and subsequent to the date of authorization. For the procedure in the admission of retired personnel on active duty, reference should be made to paragraph 311.

16B4.2. Transportation expenses shall not be paid for retired or inactive personnel.

## SECTION III. THE ARMY AND NAVY GENERAL HOSPITAL

	Paragraph
Establishment .....	16B5
Organization .....	16B6
Administration and Function .....	16B7
Admission of Active Duty Personnel .....	16B8
Admission of Inactive Duty Personnel .....	16B9
Admission of Ex-Service Personnel .....	16B10
Papers Required for Admission .....	16B11

## SECTION III. THE ARMY AND NAVY GENERAL HOSPITAL

## 16B5

**Establishment.**—The Army and Navy General Hospital at Hot Springs, Arkansas, was established by the Act of June 30, 1882 (ch. 254, sec. 1, 22 *Stat.* 121). All patients were made subject to the rules and articles for the government of the armies of the United States by the Act of March 3, 1909 (ch. 252, 35 *Stat.* 748).

## 16B6

**Organization.**—It has been provided that the organization of the hospital shall consist of one medical officer of the Army, who shall command it, and of such other medical officers of the Army and Navy as may be necessary, to be detailed by the Secretary of War and the Secretary of the Navy, respectively.

## 16B7

**Administration and Function.**—The hospital is under the direction of the Secretary of War. While equipped to care for all types of medical and surgical conditions (except mental illness and pulmonary tuberculosis), the hospital is to be utilized by the Navy chiefly in connection with those types of diseases and injuries for which the Hot Springs mineral waters have been found to be of special benefit. Venereal cases are not admitted, except chronic cases of at least one year's duration.

## 16B8

**Admission of Active Duty Personnel.**—Officers and enlisted personnel of the Navy and Marine Corps, or of the Naval Reserve and Marine Corps Reserve, on active duty may be admitted to the Army and Navy General Hospital upon authority of the Surgeon General of the Navy (Art. 1830, *Navy Regulations*). Admission may be granted, upon approval by the Bureau and the Bureau of Naval Personnel or Commandant, Marine Corps, of a report of medical survey, or when that is impracticable, upon the certificate of a naval medical officer. If a naval medical officer is not available, a certificate from the attending physician will be considered. For the care and treatment of such personnel, the Surgeon General of the Army will bill the Bureau at the prevailing reciprocal rate established by the Federal Board of Hospitalization, except that for the duration of the war the condition noted in paragraph 319 of this Manual shall apply. The accounts of officers will be checked for hospital rations.

## 16B9

**Admission of Inactive Duty Personnel.**—Officers and enlisted personnel on the retired lists of the Navy and Marine Corps, including Reserve officers retired with pay and personnel transferred to the Fleet Reserve or Fleet Marine Corps Reserve after 16 or more years of service, who are in an inactive duty status, may be admitted to the

## PT. I, CH. 6B. SPECIAL HOSPITALS

Army and Navy General Hospital upon (a) direct application to the commanding officer of the hospital or (b) authority of the Bureau under the Act of January 19, 1929 (ch. 85, 45 *Stat.* 1090; par 16B2.1). Personnel admitted upon authorization of the commanding officer of the hospital will be billed for subsistence at the prevailing rate by the Army and Navy General Hospital. When personnel are admitted upon the authority of the Bureau, expenses will be defrayed in accordance with paragraph 16B8.

## 16B10

**Admission of Ex-Service Personnel.**—16B10.1. Honorably discharged personnel of the Navy and Marine Corps may be admitted to the Army and Navy General Hospital, when vacant beds are available, upon permits issued by the commanding officer of the hospital, from whom application blanks may be obtained. Applicants should not go to Hot Springs expecting admission to the hospital until permits have been issued. All expenses, including transportation to and from the hospital, must be defrayed by the patient.

16B10.2. The application forms must give all necessary information concerning the applicant, and must be certified by a practicing physician, stating the nature of the disability and the probable period required for hospital treatment. Permits become invalid 21 days after date of issuance. Patients admitted under such authority may be discharged from the hospital by the commanding officer at any time he may deem proper.

16B10.3. Former naval or Marine Corps personnel who are eligible for admission to the Army and Navy General Hospital as Veterans Administration patients may be admitted upon authority of the Veterans Administration manager, Little Rock, Arkansas.

## 16B11

**Papers Required for Admission.**—Upon admission to the hospital the patient shall present the following papers:

- (a) Order for admission.
- (b) Copy of NAVMED-M (Report of Board of Medical Survey), if recommended by a board of medical survey.
- (c) Health Record, if patient is on active list.
- (d) Copy of Hospital Ticket (NAVMED-G or NAVMED-416), if transferred from a ship or station.
- (e) A statement of patient's condition if admitted upon certificate of a civilian physician.

## SECTION IV. THE UNITED STATES NAVAL HOME

	Paragraph
Persons Eligible for Admission .....	16B12
Procedure for Admission .....	16B13
Hospitalization of Naval Home Beneficiaries .....	16B14

## 16B12

**Persons Eligible for Admission.**—16B12.1. Officers of the Navy and Marine Corps, and those of the Coast Guard who have served

## SECTION IV. THE UNITED STATES NAVAL HOME

in that organization while it operated as a part of the Navy, may be admitted to the Naval Home by permission of the Secretary of the Navy.

16B12.2. Enlisted men of the Navy and Marine Corps, and those of the Coast Guard who have served in that organization while it operated as a part of the Navy, may be admitted to the Naval Home by the Bureau of Naval Personnel under the following classifications:

(a) Enlisted men who have been discharged under honorable conditions from the Navy or Marine Corps, and who have engaged in the Spanish-American War, Philippine Insurrection, World Wars I or II, or any other service where the armed forces of the United States have been employed and their lives hazarded in military operations, and who are, by reason of wounds, sickness, old age, or other disability, unable to support themselves by manual labor.

(b) Enlisted men who have been discharged under honorable conditions from the Navy or Marine Corps, and who have become disqualified for further service by wounds or injuries received, or by disease contracted in the service in line of duty, the origin of which is not due to their own misconduct, and who are unable to support themselves by manual labor.

(c) Retired enlisted men of the Navy or Marine Corps unable to support themselves by manual labor who are receiving retired pay, but who have no dependents or whose physical condition is such that it requires constant attention which would not be available to them elsewhere, may be admitted to the Naval Home. If these men desire to pay their pro rata share for maintenance of the home they may be allowed to do so. The governor may inform them of the pro rata cost of maintaining the home and receive their voluntary contributions, which he shall have deposited into the Treasury of the United States as miscellaneous receipts.

(d) Discharged or retired enlisted men of the Coast Guard who have served in that organization while it has operated as a part of the Navy are also eligible for admission to the benefits of the Naval Home if they otherwise meet the required qualifications of classes (a), (b), or (c) above.

## 16B13

**Procedure for Admission.**—16B13.1. Application for admission to the Naval Home shall be in duplicate and addressed to the Governor, United States Naval Home, Philadelphia, Pennsylvania. Blank forms may be obtained from the governor of the Naval Home or from the Bureau of Naval Personnel, Navy Department, Washington, D. C.

16B13.2. An applicant must produce a certificate from a medical officer of the Navy or, if such an officer is not available, an attested certificate from a reputable physician, setting forth the nature of his disability and the fact that he is not able to support himself by manual labor.

16B13.3. Transportation to the Naval Home shall not be furnished except to destitute persons.

## 16B14

**Hospitalization of Naval Home Beneficiaries.**—16B14.1. Beneficiaries of the Naval Home may be admitted to any naval hospital upon the request of the governor of the Naval Home, or, in emergency, upon the request of the beneficiary. No charge shall be made for such patients.

16B14.2. Whenever a Naval Home beneficiary dies in a naval hospital, the commanding officer of the hospital shall notify the governor of the Naval Home by dispatch and await instructions.

## PT. I, CH. 6B. SPECIAL HOSPITALS

SECTION V. HOSPITALS DESIGNATED FOR SPECIALIZED  
TREATMENT AND NAVAL SPECIAL HOSPITALS

	Paragraph
Amputations .....	16B15
Blindness .....	16B16
Deafness .....	16B17
Malignancy .....	16B18
Neurosurgery .....	16B19
Plastic Surgery .....	16B20
Poliomyelitis .....	16B21
Rheumatic Fever .....	16B22
Tuberculosis .....	16B23
Naval Special Hospitals .....	16B24

## 16B15

**Amputations.**—16B15.1. The Naval Hospital, Philadelphia, Pennsylvania, and the Naval Hospital, Mare Island, California, are designated for the treatment of naval or Marine Corps personnel who have undergone amputations.

16B15.2. Patients shall be transferred to the Naval Hospital, Philadelphia, or to the Naval Hospital, Mare Island, upon approval by the Bureau, or, when the transferring activity is in the same naval district as the designated hospital, upon approval by the district commandant. Transfer shall be effected as soon after the amputation as it is practicable for the patient to travel.

## 16B16

**Blindness.**—16B16.1. The Naval Hospital, Philadelphia, Pennsylvania, is designated for the treatment of all naval or Marine Corps personnel with bilateral blindness. Bilateral blindness shall be considered as existing when there is visual acuity of 20/200 or less with correcting lenses in the better eye; or when visual acuity is greater than 20/200 but with such limitation of the fields of vision that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

16B16.2. Patients shall be transferred to the Naval Hospital, Philadelphia, upon approval by the Bureau, or, for transferring activities in the Fourth Naval District, upon approval by the district commandant. Transfer shall be effected as soon as it is determined that bilateral blindness exists or is impending.

## 16B17

**Deafness.**—16B17.1. The Naval Hospital, Philadelphia, Pennsylvania, is designated for the treatment of naval or Marine Corps personnel with deafness. Deafness is considered to exist when there is true loss of hearing in the better ear to 30 decibels or more within the conversational range (256 to 2048) or when auditory acuity to the whispered voice is 3/15 or less.

16B17.2. Patients shall be transferred to the Naval Hospital, Philadelphia, upon approval by the Bureau, or, for transferring

## SECTION V. HOSPITALS FOR SPECIALIZED TREATMENT

activities in the Fourth Naval District, upon approval by the district commandant. Transfer shall be effected as soon as it is determined that deafness exists.

## 16B18

**Malignancy.**—16B18.1. The Naval Hospital, Bethesda, Maryland; the Naval Hospital, Brooklyn, New York; and the Naval Hospital, Long Beach, California, are designated for the treatment of naval or Marine Corps personnel suffering from malignant diseases.

16B18.2. Patients shall be transferred to one of the hospitals designated in paragraph 16B18.1 upon approval by the Bureau, or, for transferring activities in the same naval district as the designated hospital, upon approval by the district commandant. For patients requiring treatment by radium and related procedures, transfer shall be effected as soon as practicable. A slide and portion of the tissue should be forwarded with each patient transferred. If no biopsy has been performed, a statement to that effect shall accompany the patient.

## 16B19

**Neurosurgery.**—16B19.1. The naval hospitals at St. Albans, New York; Bethesda, Maryland; Oakland, California; and San Diego, California, are designated for the treatment of naval or Marine Corps patients requiring neurosurgery of other than emergency nature, including cases of peripheral nerve injuries, head injuries, brain tumors, and spinal cord injuries.

16B19.2. Patients shall be transferred to the hospitals designated in paragraph 16B19.1 upon approval by the Bureau, or, for transferring activities in the same naval district as the designated hospital, upon approval by the district commandant.

## 16B20

**Plastic Surgery.**—16B20.1. The naval hospitals at St. Albans, New York; Bethesda, Maryland; Oakland, California; and San Diego, California, are designated for the treatment of naval or Marine Corps personnel requiring plastic surgery.

16B20.2. Patients shall be transferred to the hospitals designated in paragraph 16B20.1 upon approval by the Bureau, or, for transferring activities in the same naval district as the designated hospital, upon approval by the district commandant. Transfer shall be effected as soon as possible when plastic surgery is indicated for patients suffering such defects as deforming tissue, bone or cartilage implants, pedicle grafts, revision of cosmetically or functionally deforming scar tissue, and unilateral blindness requiring an artificial eye.

## 16B21

**Poliomyelitis.**—16B21.1. The Naval Hospital, Corona, California, and the Georgia Warm Springs Foundation, Warm Springs, Georgia, are designated for the treatment of naval or Marine Corps personnel suffering from poliomyelitis.

## PT. I, CH. 6B. SPECIAL HOSPITALS

16B21.2. Patients shall be transferred to the Naval Hospital, Corona, California, upon approval by the Bureau, or, for transferring activities in the Eleventh Naval District, upon approval by the district commandant.

16B21.3. Patients shall be transferred to the Georgia Warm Springs Foundation only upon a report of medical survey approved by the Bureau and the Bureau of Naval Personnel or the Marine Corps, as the case may be.

16B21.4. Transfer of patients shall be effected as soon as practicable after the febrile stage of the disease is completed and the patient is in condition to travel.

## 16B22

**Rheumatic Fever.**—16B22.1. The Naval Hospital, Dublin, Georgia, and the Naval Hospital, Corona, California, are designated for the treatment of naval or Marine Corps personnel with a diagnosis of rheumatic fever.

16B22.2. Patients shall be transferred upon approval by the Bureau, or, for transferring activities in the same naval district as the designated hospital, upon approval by the district commandant. Transfer shall be effected, preferably by air, at the earliest date on which the patient appears free from acute symptoms.

## 16B23

**Tuberculosis.**—16B23.1. The Naval Hospital, Sampson, New York, and the Naval Hospital, Corona, California, are designated for the treatment of naval or Marine Corps personnel with a diagnosis of tuberculosis.

16B23.2. Patients shall be transferred to the designated hospitals upon approval by the Bureau, or, for transferring activities in the same naval district as the designated hospital, upon approval by the district commandant. Transfer shall be effected as soon as possible for the treatment, care, and disposition of tuberculous patients.

## 16B24

**Naval Special Hospitals.**—16B24.1. Naval special hospitals are intended primarily to serve naval and Marine Corps patients who require no treatment other than a change in climate, rest, special diet, psychotherapy, or physiotherapy before being returned to duty or before other disposition is made. Certain naval special hospitals are equipped, however, to afford definitive treatment of specific diseases and other disabilities. Current directives of the Bureau govern the types of patients that may be transferred to these hospitals.

16B24.2. Patients shall be transferred to special hospitals upon approval by the Bureau, or, for transferring activities in the same naval district as the special hospital, upon approval by the district commandant. The clinical records, including x-ray films, shall accompany patients transferred to special hospitals.

## SECTION VI. HOSPITALS FOR PSYCHOTICS

## SECTION VI. HOSPITALS FOR PSYCHOTICS

	Paragraph
Psychotics, Preliminary Treatment and Transfer .....	16B25
Attendants for Psychotics .....	16B26
Information to Be Obtained Prior to Transfer .....	16B27
Persons Eligible for Admission to St. Elizabeths Hospital and Public Health Service Hospital, Fort Worth .....	16B28
Records Required for Admission to St. Elizabeths Hospital .....	16B29
Receipt for the Person and Personal Effects .....	16B30
Disposition of Patients in St. Elizabeths Hospital .....	16B31
Death of Patients in St. Elizabeths Hospital .....	16B32
Discharge of Psychotic Patients by Medical Survey .....	16B33

## 16B25

**Psychotics, Preliminary Treatment and Transfer.**—16B25.1. Whenever practicable, patients showing evidence of psychosis shall be transferred to naval hospitals for treatment and determination of their mental condition.

16B25.2. Psychotic patients, or patients with mental diseases who require prolonged observation to establish a diagnosis, shall be transferred from hospitals within the continental United States to (a) U. S. Naval Hospital, Bethesda, Maryland, or (b) U. S. Naval Hospital, Mare Island, California. Transfer may be effected without delay upon action by a board of medical survey approved by the medical officer in command and receipt of authorization for such transfer from the Bureau. A copy of NAVMED-M (Report of Board of Medical Survey) shall accompany the psychotic patient when transferred. The original NAVMED-M and one copy must be submitted to the Bureau, but the patient's transfer need not await Bureau approval of the survey. Those hospitals which have been granted proper authorization may transfer psychotic patients directly to the U. S. Public Health Service Hospital, Fort Worth, Texas. The naval hospitals at Bethesda and Mare Island, upon confirming the diagnosis of psychosis, may transfer such patients to St. Elizabeths Hospital or to the U. S. Public Health Service Hospital, Fort Worth. Officer patients shall not be transferred to the hospital at Fort Worth.

16B25.3. Veterans who have been discharged from the service and who are eligible for treatment in Veterans Administration facilities should be referred to the Veterans Administration.

## 16B26

**Attendants for Psychotics.**—16B26.1. A board of medical survey recommending the transfer of a psychotic shall include in its report a statement concerning the type of attendance necessary for care of the patient. If the patient may require medical attention during the transfer, the attendance of a medical officer shall be recommended; in cases where medical attendance is not necessary a member of the Hospital Corps may be designated to accompany the patient. Additional attendants shall be detailed by the medical officer in command of the hospital effecting the transfer if such attendants are considered necessary. If nursing attention is desirable, an officer of the Nurse Corps may also be detailed to accompany the patient.

## PT. I, CH. 6B. SPECIAL HOSPITALS

16B26.2. During transfer of psychotic patients, necessary precautions shall be taken to assure supervision at all times and to prevent injury by such patients to themselves or to others. Strong rooms shall be used only in the event they are required for the management of acutely disturbed, suicidal, or irrational patients. Cages or other confining facilities which impose unnecessary restriction or which are incompatible with humane care are prohibited.

## 16B27

**Information To Be Obtained Prior to Transfer.**—A medical officer having charge of a psychotic patient, prior to recommending transfer to a hospital for psychotics, shall endeavor to obtain an accurate family and personal history of the patient and to secure statements relative to the case from any institution for the insane of which the patient may have been an inmate.

## 16B28

**Persons Eligible for Admission to St. Elizabeths Hospital and Public Health Service Hospital, Fort Worth.**—16B28.1. The Secretary of the Navy may order the admittance to St. Elizabeths Hospital of (a) psychotic persons belonging to the Navy, Marine Corps, or Coast Guard; (b) persons who, while in the service of the Navy, Marine Corps, or Coast Guard, were admitted to St. Elizabeths Hospital, and who were discharged therefrom on the supposition that they had recovered, but who became psychotic again within three years after such discharge from causes existing at the time of such discharge and who have no adequate means of support; (c) indigent psychotic persons who have been in the Navy, Marine Corps, or Coast Guard and have been discharged on account of disability arising from psychosis; and (d) indigent psychotic persons who have become psychotic within three years after their discharge from the Navy, Marine Corps, or Coast Guard for causes which arose during and were produced by such service (Sec. 4843, *Rev. Stat.*).

16B28.2. Retired personnel of the Navy and Marine Corps and enlisted personnel of the Fleet Reserves, transferred thereto after 16 or more years of naval service, may be admitted to St. Elizabeths Hospital by order of the Secretary of the Navy.

16B28.3. By an executive order of the President on February 26, 1942, psychotic patients may be admitted to the United States Public Health Service Hospital at Fort Worth, Texas, under the same conditions as those required for admission to St. Elizabeths Hospital. Since no accommodations for officers are available at the Public Health Service Hospital at Fort Worth they shall be transferred to the United States Naval Hospital, Bethesda, Maryland. The provisions of the executive order will be in effect for the duration of the war and six months thereafter. Persons admitted to the Public Health Service Hospital at Fort Worth under the terms of the executive order may continue to be cared for and treated after the termination of the period specified for admittance.

## SECTION VI. HOSPITALS FOR PSYCHOTICS

## 16B29

**Records Required for Admission to St. Elizabeths Hospital.—**

16B29.1. The following records shall accompany each patient upon his admission to St. Elizabeths Hospital or (with the exception of (e)) to the Public Health Service Hospital, Fort Worth:

- (a) Order for admission.
- (b) Copy of Report of Board of Medical Survey (NAVMED-M).
- (c) Copy of Hospital Ticket (NAVMED-G or NAVMED-416).
- (d) Health Record, to be forwarded to the naval officer on duty at St. Elizabeths Hospital.
- (e) Medical Certificate (Federal Security Form, St. Elizabeths 12-3), in duplicate.

16B29.2. The officer on duty at St. Elizabeths shall make a concise entry of each case on the Health Record, and, upon discharge of the patient from the naval service, shall forward the Health Record to the Bureau.

## 16B30

**Receipt for the Person and Personal Effects.—**Upon admission of a patient to St. Elizabeths Hospital the hospital authorities will furnish the medical officer or attendant delivering such patient a receipt for the patient and his personal effects. This receipt shall be forwarded without delay to the Medical Officer in Command, United States Naval Hospital, National Naval Medical Center, Bethesda, Maryland.

## 16B31

**Disposition of Patients in St. Elizabeths Hospital.—**As soon as it becomes definitely established that an officer or enlisted person of the Navy or Marine Corps at St. Elizabeths Hospital is permanently unfit for active service, he shall be surveyed and appropriate recommendation shall be made with a view to his separation from service or other disposition of his case.

## 16B32

**Death of Patient at St. Elizabeths Hospital.—**16B32.1. When a patient on the active or retired list of the Navy, Marine Corps, or Coast Guard, including those transferred to the Fleet Reserve or Fleet Marine Corps Reserve after 16 or more years of service, dies at St. Elizabeths Hospital, the official death report shall be forwarded to the Bureau by the Medical Officer in Command, United States Naval Hospital, National Naval Medical Center, Bethesda, Maryland. The official report also shall be forwarded upon the death of a patient who was discharged from the Navy, Marine Corps, or Coast Guard, but who was given uninterrupted care or treatment at St. Elizabeths Hospital from date of discharge.

16B32.2. When a naval, Marine Corps, or Coast Guard patient dies in the Public Health Service Hospital at Fort Worth, Texas, the official death certificate shall be forwarded to the Bureau by the Medical Officer in Command, Navy Unit, at that hospital.

## PT. I, CH. 6B. SPECIAL HOSPITALS

## 16B33

**Discharge of Psychotic Patients by Medical Survey.**—For discharge of psychotic patients by medical survey reference should be made to paragraphs 3325 and 3326 of this Manual.

## SECTION VII. OTHER GOVERNMENT HOSPITALS

	Paragraph
Army Hospitals .....	16B34
Public Health Service Hospitals .....	16B35
Veterans Administration Hospitals .....	16B36

## 16B34

**Army Hospitals.**—16B34.1. For admission of active duty personnel of the Navy or Marine Corps to Army hospitals, reference should be made to Part III, Chapter 1.

16B34.2. Retired officers and enlisted personnel of the regular Navy and Marine Corps and enlisted men of the Navy and Marine Corps transferred to the Fleet Reserves after 16 or more years of service who are in an inactive status may be admitted to any Army hospital on their own requests subject to the approval of the medical officer in command of the hospital or the surgeon of the station (Art. 1204 (6), *Navy Regulations*). Subsistence charges for enlisted personnel, when admitted without authorization by the Bureau, shall be defrayed by the individuals concerned. Retired officers are charged subsistence.

## 16B35

**Public Health Service Hospitals.**—16B35.1. In the absence of available naval hospital facilities, the hospitals of the Public Health Service may be utilized for the care of naval personnel on the active list in the same manner that Army hospitals are so utilized (Part III, Chapter 1).

16B35.2. Retired personnel and enlisted men transferred to the Fleet Reserve or Fleet Marine Corps Reserve after 16 or more years of service in an inactive status may not be admitted to Public Health Service hospitals at Government expense except on prior authority of the Bureau (par. 16B2).

16B35.3. Narcotic addicts among naval and Marine Corps personnel may be admitted to hospitals of the Public Health Service having facilities for the care of such persons.

## 16B36

**Veterans Administration Hospitals.**—16B36.1. (a) Officers and enlisted personnel of the Navy and Marine Corps on the active list, and members of the Naval Reserve and Marine Corps Reserve when in an active duty status, may be admitted to Veterans Administration facilities. Authority for such admission shall be obtained from the Medical Director, Veterans Administration, Washington, D. C.,

## SECTION VII. OTHER GOVERNMENT HOSPITALS

or upon request made by the commanding officer of the person involved to the manager of a facility in the regional area in which the commanding officer is stationed. In making such a request the commanding officer shall furnish all necessary information, including the nature of the disease or injury, the name and address of the patient's next of kin, and instructions concerning the disposition of the patient upon discharge from the hospital. The manager of the facility will advise the commanding officer of the disposition of the request. If hospitalization can be effected it will be authorized by transmittal of the upper part of Veterans Administration Form 2557, admission card, to the commanding officer for presentation by the patient upon his arrival at the facility accepting him.

(b) For naval personnel on active duty all transportation, including attendants if necessary, incident to admission and discharge from Veterans Administration facilities will be supplied by the Navy Department. In advance of contemplated discharge of a naval patient from a Veterans facility, the manager will notify directly the proper naval command (as shown on the back of Form 2557) of the impending discharge, and will request transportation authority to be forwarded for the patient's return travel. If an attendant or attendants will be required to accompany the patient upon discharge, the manager will so state.

16B36.2. Retired naval personnel and enlisted personnel of the Fleet Reserve or Fleet Marine Corps Reserve transferred thereto after 16 or more years of service who do not have wartime service may be admitted to Veterans Administration facilities as naval patients (Act of Jan. 19, 1929, ch. 85, 45 *Stat.* 1090; par. 16B2) upon request of the Bureau and approval by the Medical Director, Veterans Administration. Hospital charges will be billed to the Bureau for settlement.

16B36.3. Hospital and domiciliary care also may be furnished by the Veterans Administration to the following applicants in accordance with *Veterans Regulation No. 6 (a)*, in the specified order of preference:

(a) Hospital treatment for veterans of any war who were discharged under conditions other than dishonorable from their last period of war service and who are in need of hospital treatment for injuries or diseases incurred or aggravated in line of duty in the active military or naval service.

(b) Hospital treatment for persons discharged under conditions other than dishonorable from the Navy or Marine Corps for disability incurred in line of duty (peacetime service) or who are in receipt of pension for service-connected disability, when in need of hospital treatment for injury or disease incurred or aggravated in line of duty in the active service.

(c) Hospital or domiciliary care, including emergency or extensive hospital treatment, for veterans of any war (war service) who have a discharge under conditions other than dishonorable from their last period of war service; who served in the active naval service for 90 days (or who, having served less than 90 days, were discharged for disability incurred in line of duty) and who are suffering from a

## PT. I, CH. 6B. SPECIAL HOSPITALS

permanent disability, tuberculosis, neuropsychiatric ailment, or such other conditions requiring emergency or extensive hospital treatment; and who are incapacitated from earning a living, and have no adequate means of support.

(d) Hospital or domiciliary care, including emergency or extensive hospital treatment, for persons discharged under conditions other than dishonorable (peacetime service) from their last period of active service in the Navy or Marine Corps for disability incurred in line of duty or who are in receipt of pension for service-connected disability, when suffering from a permanent disability or tuberculous or neuropsychiatric ailment or such other conditions requiring emergency or extensive hospital treatment; and who are incapacitated from earning a living and have no adequate means of support.

(e) Hospital care for veterans who served, regardless of length of service, during a period of any war (war period) who were (1) discharged under conditions other than dishonorable from their last period of war service; (2) who swear that they are unable to defray the expenses of hospital or domiciliary care, including the expenses of transportation to and from a Veterans Administration facility; and domiciliary care for veterans who meet the requirements of (1) and (2) and who are suffering from a disability, disease, or defect which, being susceptible of cure or decided improvement, indicates need for hospital care, or which, being essentially chronic in type and not susceptible to cure or decided improvement by hospital care is producing disablement of such degree and of such probable persistency as will incapacitate them from earning a living for a prospective period, and thereby indicates need for domiciliary care.

(f) Retired officers and enlisted men of the Navy or Marine Corps who have served honorably during a war period are entitled to hospital care in Veterans Administration facilities on a parity with other war veterans.

## PART I—CHAPTER 6C

### THE NATIONAL NAVAL MEDICAL CENTER

	Paragraphs
Section I. GENERAL .....	16C1–16C3
II. THE SCHOOLS .....	16C4–16C8
III. NAVAL MEDICAL RESEARCH INSTITUTE .....	16C9
IV. LABORATORY SERVICE AND SUPPLIES .....	16C10–16C11
V. OTHER PROFESSIONAL SERVICES .....	16C12–16C13

#### SECTION I. GENERAL

	Paragraph
The National Naval Medical Center.....	16C1
Organization and Function .....	16C2
Consultation Service .....	16C3

#### 16C1

**The National Naval Medical Center.**—16C1.1. The National Naval Medical Center, Bethesda, Maryland, is comprised of the following subordinate commands:

- (a) U.S. Naval Hospital.
- (b) U.S. Naval Medical School.
- (c) U.S. Naval Dental School.
- (d) Naval Medical Research Institute.
- (e) U.S. Naval Hospital Corps School (Women's Reserve).
- (f) U.S. Naval School of Hospital Administration.

16C1.2. Communications involving policy, personnel, and all matters of official interest, or requiring administrative action, shall be routed via the Medical Officer in Command, National Naval Medical Center. Communications involving only routine services should be addressed directly to the unit concerned.

#### 16C2

**Organization and Function.**—The Naval Medical Center was established by *General Order No. 70*, June 20, 1935. This order created a unitary organization which functions as a medical, diagnostic, and educational center directly under the control of the Bureau, and with an officer of the Medical Corps in command. Effective February 5, 1942, the name of the organization was changed to "The National Naval Medical Center" (SecNav ltr. SerNo 43213, Feb. 6, 1942); and in view of this change in name, *General Order No. 70* was later canceled by *General Order No. 205*, January 27, 1944. Under the terms of *General Orders No. 163*, December 8, 1941, and *No. 192*, January 3, 1944, the National Naval Medical Center, for the purposes of military control only, was grouped with certain other shore stations under the Commandant, Potomac River Naval Command. When originally established, the Naval Medical Center consisted of

## PT. I, CH. 6C. THE NATIONAL NAVAL MEDICAL CENTER

two subordinate administrative units, the United States Naval Hospital and the United States Naval Medical School. On April 1, 1936, the United States Naval Dental School was formed as a distinct unit and attached to the National Naval Medical Center by authority of the Secretary of the Navy. On October 27, 1942 the Naval Medical Research Institute was commissioned and given status as an administrative unit coordinate with the other units of the National Naval Medical Center. On January 12, 1944, the United States Naval Hospital Corps School (Women's Reserve) was placed in commission. The U. S. Naval School of Hospital Administration was established on August 2, 1945. Each of these units is a subordinate command of the National Naval Medical Center, and the medical officer in command of each assumes the prerogatives and is charged with the responsibilities of command.

## 16C3

**Consultation Service.**—The National Naval Medical Center maintains liaison with other institutions to facilitate promotion of common professional interests. It is prepared to furnish the service at large with certain consultation and diagnostic facilities. Requests for professional assistance should be addressed directly to the unit concerned.

## SECTION II. THE SCHOOLS

	Paragraph
Staff .....	16C4
Instruction .....	16C5
Assignment to Instruction .....	16C6
Instruction Considered Duty Status .....	16C7
Special Courses .....	16C8

## 16C4

**Staff.**—Each school has a staff which consists of personnel ordered to the school as instructors, or so serving. The officer in command of each school shall preside over and conduct all faculty meetings, and the junior member of the faculty shall keep a record of all proceedings. Faculty meetings will be held from time to time as may be considered advisable by the officer in command and recommendations made to his immediate superior in command concerning changes regarded as desirable to improve the efficiency of the school as a whole or in any individual branch. At such meetings, deficiencies of individual students shall also be given careful consideration.

## 16C5

**Instruction.**—The schools shall offer such courses of instruction as may from time to time be determined by the Bureau to accord with current needs of the service. The commanding officer of each shall supervise the courses of instruction and examinations and shall, on

## SECTION III. NAVAL MEDICAL RESEARCH INSTITUTE

occasion, inform the Bureau of each student's special aptitude or deficiencies.

## 16C6

**Assignment to Instruction.**—Medical Department personnel are assigned to these schools for instruction by official orders as recommended by the Bureau. Personnel desiring instruction should make official request to the Bureau. Policy on instruction of personnel is incorporated in current circular letters.

## 16C7

**Instruction Considered Duty Status.**—Students shall be required to be present at all the exercises of the school unless excused by the officer in command or other competent authority. They shall be considered on duty during the course of instruction at the school and shall be required to conform in all respects to *Navy Regulations* and such orders as may be issued for their guidance and for the maintenance of discipline.

## 16C8

**Special Courses.**—16C8.1. Medical Department personnel who desire special courses of instruction elsewhere at Government expense should make official request to the Bureau, including sufficient information to enable the Bureau properly to evaluate the request.

16C8.2. When taking special instruction elsewhere, students shall submit to the Medical Officer in Command of the National Naval Medical Center such periodical reports as he may require, in order that he may keep informed concerning the student officers' progress and the character of the instruction afforded by the several teaching institutions.

## SECTION III. NAVAL MEDICAL RESEARCH INSTITUTE

Research ..... Paragraph 16C9

## 16C9

**Research.**—The Naval Medical Research Institute conducts extensive research on a wide variety of problems related to naval medicine. The organization includes facilities for research in all of the basic medical sciences as well as aviation physiology, experimental diving, environmental physiology, bioballistics, tropical medicine, nutrition, and experimental surgery and dentistry. The Institute trains medical personnel in research methods and offers opportunities for interested and qualified personnel of the Medical Department to participate in research projects with the approval and under the direction of the Research Division of the Bureau. Medical Department personnel are invited to submit to the Bureau medical and related problems with which they may be confronted.

## PT. I, CH. 6C. THE NATIONAL NAVAL MEDICAL CENTER

## SECTION IV. LABORATORY SERVICE AND SUPPLIES

	Paragraph
Laboratory Service .....	16C10
Laboratory Supplies .....	16C11

## 16C10

**Laboratory Service.**—The Naval Medical School provides routine clinical laboratory service to the Medical Center. In addition, the laboratories serve for instruction of Medical Department personnel. Limited use of these facilities is also extended to the service at large and in general includes histopathological diagnoses, toxicological examinations, examinations for intestinal and blood parasites, identification of bacteria and arthropod specimens, chemical examinations of water and food, diagnosis of blood dyscrasias, and biochemical examinations. Shipments of material shall comply with the safety regulations of postal and shipping agencies. A letter of transmittal shall accompany the material and include all pertinent clinical data, tentative diagnosis, and laboratory findings.

## 16C11

**Laboratory Supplies.**—Certain laboratory supplies such as diagnostic and illustrative material are available on request from the Naval Medical School. Laboratory supplies include Kahn antigen, bacterial antigens, and colloidal gold solution. Reference should be made to the *Supply Catalog, Medical Department*, for information relating to the specific items which are available and instructions for procuring them.

## SECTION V. OTHER PROFESSIONAL SERVICES

	Paragraph
Library Service .....	16C12
Audio-Visual Aids Unit .....	16C13

## 16C12

**Library Service.**—Applications from Medical Department personnel of ships and stations for the temporary loan of books and duplicate copies of current periodicals in the United States Naval Medical School Library, or obtainable from other sources, should be addressed to the Medical Officer in Command of the United States Naval Medical School. It is desired that the library of the school be utilized generally, but danger of loss in transit prevents issue of unbound periodicals, and there are certain books which are so valuable or in such current demand that they may not be lent. When it is not practicable to furnish originals, it may be possible to supply photostatic copies of particular articles.

## 16C13

**Audio-Visual Aids Unit.**—Established at the Naval Medical School by the Bureau, this unit includes a motion picture produc-

## SECTION V. OTHER PROFESSIONAL SERVICES

tion section, a still picture photographic section, a graphic arts section, a medical illustration section, and a library collection of still material. The chief purpose of the unit is the production of material having to do with subjects in the field of medicine for the instruction and training of personnel of the Navy as a whole. Address suggestions, recommendations, and requests to the Bureau. The Audio-Visual Aids Unit furnishes certain services such as photomicrography, photostating, microfilming, and the loan of still picture material from the library collection for teaching, lectures, or exhibits to units of the Medical Center and to medical activities elsewhere upon official request to the Naval Medical School.



## PART II—CHAPTER 1

### PHYSICAL EXAMINATIONS

Section I. PHYSICAL EXAMINATION FOR ENTRY INTO THE NAVAL SERVICE—GENERAL .....	Paragraphs 211-213
II. GENERAL PROVISIONS GOVERNING PHYSICAL EXAMINATIONS .....	214-2112
III. GENERAL PHYSICAL STANDARDS FOR OFFICERS AND ENLISTED PERSONS IN THE NAVAL SERVICE .....	2113-2122
IV. THE EYES .....	2123-2128
V. THE EARS .....	2129-2133
VI. GENERAL EXAMINATION, INCLUDING HEIGHT, WEIGHT, AND CHEST MEASUREMENT.....	2134-2142
VII. THE SKIN .....	2143-2144
VIII. THE HEAD .....	2145-2146
IX. THE FACE .....	2147
X. THE MOUTH, NOSE, FAUCES, PHARYNX, LARYNX, TRACHEA, AND OESOPHAGUS .....	2148-2149
XI. THE TEETH .....	2150-2154
XII. THE NECK .....	2155-2156
XIII. THE SPINE .....	2157-2158
XIV. THE CHEST .....	2159-2160
XV. THE LUNGS .....	2161-2163
XVI. THE HEART AND BLOOD VESSELS .....	2164-2172
XVII. THE ABDOMEN .....	2173-2175
XVIII. THE PERINEUM AND THE PELVIS, INCLUD- ING THE SACRO-ILIAC AND LUMBO-SACRAL JOINTS .....	2176-2177
XIX. THE GENITO-URINARY SYSTEM AND VENE- REAL DISEASE .....	2178-2184
XX. THE EXTREMITIES .....	2185-2186
XXI. THE NERVOUS SYSTEM .....	2187-2194
XXII. INDUCTEES FROM SELECTIVE SERVICE .....	2195
XXIII. PHYSICAL STANDARDS FOR WOMEN .....	2196-21102
XXIV. SPECIAL EXAMINATIONS .....	21103-21136
XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS	21137-21165

#### SECTION I. PHYSICAL EXAMINATION FOR ENTRY INTO THE NAVAL SERVICE—GENERAL

Physical Examination Required for Entry into the Naval Service.....	Paragraph 211
Bureau Responsibility for the Examination .....	212
Purpose of Physical Standards .....	213

Physical Examination Required for Entry into the Naval Service.  
—211.1. No person shall be appointed to any office in the Navy until

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

he shall have passed a physical examination, which shall precede the mental and professional examination (Art. 1631 (1), (2), *Navy Regulations*.)

211.2. No person shall be enlisted in the naval service until he has passed a physical examination conducted in accordance with the instructions in this chapter. No person shall be enlisted unless pronounced fit by the commanding and medical officers, except by special authority in each case from the Navy Department.

## 212

**Bureau Responsibility for the Examination.**—The Bureau is required to provide for the physical examination of all candidates for, and personnel in, the naval service with a view to the selection or retention of only those whose physical condition is such as to maintain or improve the military efficiency of the service.

## 213

**Purpose of Physical Standards.**—The purpose of the standards established herein is to secure the greatest uniformity in physical examinations for entrance into the Navy and Marine Corps. The object is to procure personnel who are physically fit for, and emotionally and temperamentally adaptable to, the conditions of the service. Medical examiners should interpret the standards with discretion and should not construe them too arbitrarily. They should, however, avoid a tendency to find qualified the individual who is able to meet a particular requirement only after coaching, or under unusual circumstances. In tests for visual acuity, blood pressure, or pulse rate, for example, the mean performance must be determined and used in accepting or rejecting the candidate.

SECTION II. GENERAL PROVISIONS GOVERNING  
PHYSICAL EXAMINATIONS

	Paragraph
General .....	214
Examination of Enlisted Persons .....	215
Examination for Commission or Warrant .....	216
Precautions To Be Taken .....	217
Additional Diagnostic Procedures .....	218
Rejection for Causes Not Specifically Noted.....	219
Waivers .....	2110
Service Records .....	2111
Other Records .....	2112

## 214

**General.**—214.1. All physical examinations shall be conducted by naval medical officers, and only a naval medical officer may sign an original entry on any medical record of enlistment (Art. 1200, *Navy Regulations*), except as provided in Articles H-1603 and H-1604, *Bureau of Naval Personnel Manual*, for the Naval Reserve. Medical

## SECTION II. GENERAL PROVISIONS GOVERNING PHYSICAL EXAMINATIONS

examiners, regardless of their professional or clinical specialties, shall be familiar with all physical standards required of naval personnel. It is desired that whenever practicable dental examinations be made by dental officers, who shall submit a signed report to the medical officer or board of medical examiners.

214.2. Boards of medical examiners shall be guided by the instructions contained in *Naval Courts and Boards*.

### 215

**Examination of Enlisted Persons.**—The physical examination of applicants for enlistment in the regular or reserve Navy or Marine Corps shall be made by medical officers of the Navy, except as provided in Articles H-1603 and H-1604, *Bureau of Naval Personnel Manual*, for the Naval Reserve. The results of the examination shall be recorded on the Health and Service Records (Arts. 1200-1201, *Navy Regulations*). Applicants unfit for service by reason of a disease not of a serious nature, and which it is believed can be cured within a short time, may be advised to seek treatment with a view to their enlistment upon recovery; but no promise or assurance shall be made to such applicants that they will be accepted upon correction of a physical defect. When candidates are accepted, all physical defects shall be recorded. No applicant shall be accepted for enlistment who does not conform to the standards set forth herein, except as provided in Section XXII, and except that applicants who present minor surgical defects which can be corrected and the individual returned to a duty status within one month, may be accepted. The applications of men desiring to reenlist who have defects which would be cause for rejection for original enlistment, but not such as to prevent the performance of the duties to be expected of them, shall be referred to the Bureau of Naval Personnel or the Commandant, Marine Corps, via the Bureau, with recommendation for waiver (par. 2110).

### 216

**Examination for Commission or Warrant.**—The physical examination of candidates for commissioned or warrant rank shall be conducted by a board of medical examiners, except as otherwise provided for in Article H-1603, *Bureau of Naval Personnel Manual*, in the cases of candidates for the Naval Reserve. Each defect noted must be recorded in such a clear and complete manner that no question as to its character, degree, and significance can arise when the report of the board is reviewed in the Navy Department. When a candidate is rejected, the cause must be clearly established and so definitely recorded as to be conclusive regarding the propriety of the rejection. Symptoms of disease will not be noted as cause of rejection if it is possible to arrive at a definite diagnosis. A candidate who does not conform to the standards set forth herein shall be rejected by the medical examiners, except as provided in paragraph 2118.2. Can-

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

didates shall not be accepted subject to the performance of surgical operations for the removal or cure of defects.

## 217

**Precautions To Be Taken.**—The applicant or candidate shall be carefully questioned about his past and present physical condition, especially with regard to any serious illness, injury, or operation he may have had. During the entire examination all examiners should be especially observant with a view to determining the mental characteristics of the examinee. All medical officers are enjoined to exercise the greatest care and diligence in conducting a physical examination and shall assure themselves that all findings are fully and accurately recorded.

## 218

**Additional Diagnostic Procedures.**—In doubtful cases the medical examiner shall employ every diagnostic procedure at his disposal, including the use of the microscope, the x-ray, the electrocardiograph, electroencephalograph, or other laboratory methods, with a view to determining the true condition of the applicant before he is finally accepted. In reporting the examination on NAVMED-Y, reports of cycloplegic, x-ray, laboratory, and other examinations should be included whenever they are obtained. When investigation of questionable conditions in the medical history shows no disease to be present, the facts supporting this conclusion should be recorded.

## 219

**Rejection for Causes Not Specifically Noted.**—If any applicant for enlistment or candidate for appointment is regarded by the medical examiner as physically unfit for the naval service by reason of a condition not specifically noted in this chapter as a cause for rejection, he shall, nevertheless, be rejected, and a full statement of the reasons therefor entered on the proper form.

## 2110

**Waivers.**—2110.1. When an applicant for enlistment or appointment is disqualified, according to naval standards, by reason of a physical defect which in the opinion of the medical examiner would not incapacitate him for full duty and if the individual is otherwise physically qualified and desirable material for the service, a waiver may be requested either by telegram or on the prescribed form. The nature of the defect should be clearly and specifically stated. Neither the applicant nor the medical examiner is authorized to waive disqualifying defects, as the Navy Department alone has authority to grant waivers. Requests for waivers should be directed to the Bureau of Naval Personnel or Commandant, Marine Corps, via the Bureau.

## SECTION II. GENERAL PROVISIONS GOVERNING PHYSICAL EXAMINATIONS

2110.2. With respect to necessary action by the examiner, defects are of three types, as follows:

(a) *Minor Defects Requiring Notation in the Record or on NAVMED-Y.*—When it is the opinion of the examiner that the defect or its degree is of little present or future significance and is not considered disqualifying, it should be noted and described as such.

(b) *Defects Requiring Waiver.*—When in an examination for acceptance or continuation in the service, a defect is found which is of present or future significance, but which the examiner believes should not wholly or under all conditions incapacitate the individual for service, the decision as to acceptance or retention rests with the Bureau of Naval Personnel or the Commandant, Marine Corps, and the request for waiver should be referred to the Bureau of Naval Personnel or the Marine Corps via the Bureau, with appropriate recommendations.

(c) *Defects Wholly Disqualifying for Service.*—When in an examination for acceptance a defect is discovered which would wholly disqualify an individual for service, it shall be recorded to prevent future acceptance of the applicant through deception. When such a defect is discovered in an examination for continuation in service, the individual concerned shall be brought before a board of medical survey for appropriate disposition.

### 2111

**Service Records.**—2111.1. The examination for enlistment having been concluded and the candidate found qualified for the service, the medical examiner shall enter the descriptive list of physical characteristics upon the blank Service Record furnished by the Bureau of Naval Personnel or the Commandant, U. S. Marine Corps, and, having signed it, shall transmit the record to the commanding officer.

2111.2. When the enlistment of any person having physical disabilities has been authorized by the Navy Department, his physical condition shall be fully described in the Service Record.

### 2112

**Other Records.**—2112.1. When a candidate for enlistment has been accepted, the medical officer shall make the necessary entries upon the Health Record. The Health Record shall be retained until the recruit is transferred, when it shall be forwarded in accordance with the provisions of Part II, Chapter 2.

2112.2. Whenever any person is examined physically for the Navy or Marine Corps, whether subsequently enlisted or rejected, his name and the particulars shall at once be entered on NAVMED-Xa, with the term not applicable struck through with ink. NAVMED-Xa shall be prepared for each applicant examined, whether accepted or rejected, for original entry or reenlistment, and will be kept for the purpose of preparing NAVMED-X. It shall be retained for ship or station files and shall be filed alphabetically by calendar years, according to

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

the applicant's surname, in order that information may be furnished the Bureau on request. These papers shall be retained for at least two years. (Reference should also be made to paragraph 5115.)

2112.3. Civilian medical examiners at substations of the Navy and Marine Corps shall prepare and forward NAVMED-Xa to the district headquarters stations.

2112.4. In every case of rejection, the disability unfitting the applicant for service, and in other cases, any abnormal condition, former grave illness, or serious injury not interfering with present bodily vigor shall be entered on NAVMED-X.

2112.5. Main recruiting stations shall include in their record the substations and traveling parties coming under their jurisdiction, and medical officers of ships, naval stations, or yards making examinations for ships or stations to which no medical officer is assigned shall include these items in their reports.

2112.6. Marine recruit depots shall distinguish between accepted applicants transferred from recruiting stations to the depot and those applying originally at the depot, by making the proper entry in the space provided on this form.

2112.7. In case a waiver is requested the action will be noted on NAVMED-Xa after the cause of rejection and, in cases in which physical disqualifications are waived by the Navy Department, the medical examiners shall fully describe the same on all records of enlistment (Art. 1202, *Navy Regulations*).

2112.8. When a person is rejected for service in the Navy or Marine Corps by reason of frank or suspected pulmonary tuberculosis, a report shall also be made to the Tuberculosis Control Division, U. S. Public Health Service, Bethesda 14, Maryland, in the form prescribed in paragraph 16A8.

### SECTION III. GENERAL PHYSICAL STANDARDS FOR OFFICERS AND ENLISTED PERSONS IN THE NAVAL SERVICE

	Paragraph
Fundamental Qualifications of All Personnel .....	2113
Application of Physical Standards .....	2114
Candidates for the Naval Academy .....	2115
Promotion of Officers .....	2116
Retirement of Officers .....	2117
Standards for Appointment, Enlistment, and Active Duty in the Naval and Marine Corps Reserves .....	2118
Special Examination for Flying and for Aviation Cadets .....	2119
Reenlistments .....	2120
Enlistment of Former Enlisted Men Who at Date of Last Discharge Were Not Physically Qualified for Reenlistment.....	2121
Provisions Governing the Marine Corps .....	2122

## 2113

**Fundamental Qualifications of All Personnel.**—2113.1. All applicants for admission to the naval service shall be required to conform to the physical standards as set forth in this chapter. They must possess the constitutional qualities and temperament necessary to adjust themselves to service life, and they should possess a reason-

## SECTION III. GENERAL PHYSICAL STANDARDS

ably quick and clear understanding. An individual's general intelligence may be estimated by his manner of answering the questions addressed to him in obtaining the data required in the Health Record.

2113.2. Section 1420 of the *Revised Statutes*, as amended, forbids the enlistment in the naval service of any insane or intoxicated person. The evident intention of the law is to prevent the admission into the service not only of men who at the time of presenting themselves for enlistment are under the influence of alcoholic stimulants or drugs, but also of those who are of intemperate habits. A thorough inquiry should be made into the history of any applicant in whom habits of intemperance are suspected. Medical officers should endeavor to eliminate the insane, vagrant, and criminal classes by a careful study of the personal characteristics of each applicant. Any doubt as to the mental stability of the applicant should indicate the necessity for a careful investigation of his previous history (par. 2191).

2113.3. Slight physical defects in those applicants who have matured are of less importance than in minors and are not necessarily a cause of rejection in cases of reenlistment and continuous service. Slight physical defects in applicants who belong to the seafaring class or in those who have had experience in military life have less significance than they might have in recruits whose lives have been passed in occupations of a more confining and debilitating character. In the latter class of candidates the unusual and peculiar services that would necessarily be exacted of them might develop any weakness or constitutional physical traits that existed prior to enlistment.

2113.4. The medical examiner shall consider carefully the physical adaptability of the applicant in relation to the character of the duties which he may be called upon to perform. While it is not always expected that candidates for special ratings should possess the physique and endurance of those actively engaged in strictly military duties, the medical examiner should remember that all candidates examined for special ratings are enlisted for the performance of all duties pertaining to the naval service ashore and afloat.

## 2114

**Application of Physical Standards.**—The standards as prescribed for candidates for appointment or enlistment shall apply uniformly to those seeking commission or enlistment in the Navy, Marine Corps, and the Naval and Marine Corps Reserves, except as otherwise provided in these regulations.

## 2115

**Candidates for the Naval Academy.**—2115.1. Medical officers are required to examine physically any candidate for the Naval Academy who may present a letter from a Member of Congress so requesting. The candidate should be informed of the result of the examination. The original NAVMED-Y (Report of Physical Examination) shall be forwarded to the Bureau and copies to the Member of Congress

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

concerned, the Bureau of Naval Personnel, and the Superintendent, United States Naval Academy. Each examination report shall show the name of the Senator or Representative requesting the examination and shall contain a definite statement as to whether the candidate, in the opinion of the medical examiner, does or does not meet the physical requirements for admission. The candidate should be informed that the examination is only preliminary and that his final fitness for the Naval Academy will be determined by a board of medical examiners after he has passed the mental examination. In every borderline case in which the examiner himself is uncertain as to the outcome, the candidate and the Member of Congress shall be clearly and unmistakably informed that the case is a doubtful one and notation to that effect shall be made on the NAVMED-Y. In borderline or doubtful cases in which a candidate has been examined at a place other than a naval hospital, or the Naval Academy, he should be advised to present the report of his physical examination at a naval hospital and request further examination, or preferably to present himself before the permanent medical examining board at the Naval Academy before going to the expense of an extensive preparatory course of study. A candidate presenting a request from the Bureau of Naval Personnel, or a son or dependent relative of an officer of the Army, Navy, or Marine Corps presenting a request signed by the officer concerned, shall also be examined and report made as above.

2115.2. Medical examiners should bear in mind that the primary object of this examination is to eliminate those who are obviously disqualified, rather than to give assurance to any candidate that he will subsequently pass the official examination. A high standard of physical excellence is essential for all candidates presenting themselves for admission to the Naval Academy. Medical officers should always keep in view the fact that the physical efficiency of officers of the Navy will depend largely upon the manner in which this important and exacting duty is performed. Special attention shall be given to the following defects or disabilities: flat feet (par. 2186), defective posture, defective vision or hearing, defective color perception, defective teeth, heart or lung trouble, and diseases of the kidneys. Blood pressure and pulse readings before and after exercise (pars. 2165 and 2171), and the results of the psychiatric studies (pars. 2190 and 2191), of the roentgenographic examination of the chest (par. 21103.1), and of the serologic test for syphilis (par. 2182.1) shall be recorded.

2115.3. Medical officers conducting the preliminary physical examination of candidates for midshipmen are directed to examine, under a cycloplegic, the eyes of all candidates and to reject those whose eyes show a refractive error greater than minus .5D in any one meridian. Vision before and after instillation of a cycloplegic and the corrective lenses required shall also be recorded. Medical officers not equipped to make the above examination shall inform candidates and note on the report of preliminary physical examination (NAVMED-Y) that admission to the Naval Academy will be contingent upon the results of refraction under a cycloplegic and that the candidate and the

## SECTION III. GENERAL PHYSICAL STANDARDS

Member of Congress concerned have been so informed. In order to save subsequent disappointment and expense, they shall urge candidates who are qualified in all other respects to have their eyes examined at the nearest naval medical activity equipped to do refractions, preferably at a naval hospital.

2115.4. Except where otherwise noted, the physical qualifications for candidates for the Naval Academy shall be the same as those for candidates for commission and applicants for enlistment.

2115.5. Enlisted men of the Navy or Marine Corps who are candidates for the United States Naval Academy Preparatory School shall be examined and the report submitted as required by Article D-6103 (c), *Bureau of Naval Personnel Manual*.

2115.6. Enlisted men of the Naval Reserve, who are applicants for appointment as midshipmen, should be examined and the report forwarded as required by Part H, *Bureau of Naval Personnel Manual*.

## 2116

**Promotion of Officers.**—2116.1. No officer shall be permanently promoted to a higher grade on the active list of the Navy, except as provided in paragraph 2116.2, until he has been examined by a board of naval medical officers and pronounced physically qualified to perform all his duties at sea (Sec. 1493, *Rev. Stat.*, as amended, and Sec. 883, *Naval Courts and Boards*).

2116.2. No officer shall be excluded from a promotion to which he would otherwise be regularly entitled by the report of a board of medical officers which states that his physical disqualification was occasioned by wounds received in the line of duty and that such wounds do not incapacitate him for other duties in the grade to which he would be promoted (Sec. 1494, *Rev. Stat.*, as amended).

2116.3. Members of boards of medical examiners have the obligation of expressing an opinion regarding the physical qualifications of the candidate being examined to perform all the duties of the grade to which he is being promoted and to this end shall carefully consider all physical defects, especially those of vision. Consideration shall also be given to the exacting nature of duties in the field required of officers of the United States Marine Corps (pars. 21107 and 21109). Reference should be made to the provisions concerning adverse entries contained in Articles 1195 and 1196, *Navy Regulations*.

## 2117

**Retirement of Officers.**—Physical examinations for retirement shall be conducted in accordance with the instructions in paragraph 21110, in *Naval Courts and Boards*, and in Chapter 44, *Navy Regulations*.

## 2118

**Standards for Appointment, Enlistment, and Active Duty in the Naval and Marine Corps Reserves.**—2118.1. Candidates for commissioned or warrant rank or enlistment in the Naval and Marine Corps

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

Reserves will be required to conform to the standards prescribed for candidates for commissioned or warrant rank or enlistment in the regular services, except that:

2118.2. Officers may be commissioned in the Naval and Marine Corps Reserves or ordered to active duty with "other than organic physical defects" which will not interfere with the performance of the general or special duties to which they may be assigned (Act of Dec. 18, 1942, ch. 768, 56 *Stat.* 1066). They must be free from any defect or pathological condition which would interfere with the performance of duty expected of them in the service, would necessitate their frequent admission to the sick list, or would, as a result of service, be especially liable to undergo progressive change or to become the basis of a claim against the Government.

2118.3. Applicants for enlisted ratings in the Reserve shall meet the standards prescribed for applicants for enlistment, subject to the provisions of paragraph 2118.2 above (Part H, *Bureau of Naval Personnel Manual*).

## 2119

**Special Examination for Flying and for Aviation Cadets.**—All candidates for aviation duty, including applicants for enlistment who may subsequently be appointed aviation cadets, shall be given the additional physical examination required by Section XXV of this chapter.

## 2120

**Reenlistments.**—A reenlistment in the Navy may be made without regard to age limits, provided the applicant is physically and otherwise qualified for enlistment in the rating for which examined. Previous Army service shall not determine a reenlistment. Previous Navy or Marine Corps service shall determine a reenlistment in either the Navy or Marine Corps, so far as it applies for use in the preparation of NAVMED-X.

## 2121

**Enlistment of Former Enlisted Men Who at Date of Last Discharge Were Not Physically Qualified for Reenlistment.**—No former enlisted man who was discharged by medical survey or who at time of last discharge was not recommended for reenlistment due to physical disability shall be enlisted without authority from the Navy Department. In requesting authority for the enlistment, the medical officer shall submit a complete report of notations made on the last discharge and a statement of the applicant's present physical condition, together with the request for waiver (par. 2110).

## 2122

**Provisions Governing the Marine Corps.**—Every person before being enlisted in the Marine Corps must pass the physical examination; and no person shall be enlisted unless pronounced fit by the commanding and medical officers, except by special authoriza-

## SECTION IV. THE EYES

tion, in each case, from the Commandant of the Marine Corps and the Surgeon General of the Navy. Enlisted men of good character and faithful service, who, at the expiration of their terms, are undergoing treatment for injuries incurred or disease contracted not due to their own misconduct may be reenlisted if they so elect, and if the disability proves to be permanent they will subsequently be brought before a board of medical survey prior to separation from the service. An enlisted man not under treatment, but who has contracted infirmities not due to his own misconduct that may raise a question of physical eligibility for reenlistment, but not such as to prevent his performing the duties of a marine, may be reenlisted by authority of the Commandant, U. S. Marine Corps, on application made through the medical officer and proper official channels in time to receive a decision before the date of discharge (par. 2110). In the case of a person having physical disabilities, who has been enlisted by authorization as above, the physical condition of the enlisted man must be fully described in his enlistment paper in order that no improper claims for pension may be allowed (Art. 579, *Navy Regulations*).

## SECTION IV. THE EYES

	Paragraph
Inspection for Disease .....	2123
Determination of Visual Acuity .....	2124
Determination of Color Perception .....	2125
Standards for Candidates for Appointment and Promotion.....	2126
Standards for Applicants for Enlistment.....	2127
Standards for Candidates for the Naval Academy.....	2128

## 2123

**Inspection for Disease.**—Each eye shall be inspected for evidence of muscular or other defects and for disease. Ophthalmoscopic examination shall be made of each eye for defects of the fundus and media. A cycloplegic shall not be used unless indicated.

## 2124

**Determination of Visual Acuity.**—2124.1. To determine the acuity of vision, place the person being examined at a distance of 20 feet from the test types, which should be on a level with and at a right angle to the candidate's line of vision. Illumination of the test chart shall be at least equivalent to that of a 200-watt lamp at four feet with a suitable reflector. There must be no intervening bright light or glare, and no shadows cast on the chart. Examine each eye separately, without glasses, covering the other eye and taking special care to see that vision in the covered eye is completely occluded. No pressure should be applied to the occluded eye. The applicant or candidate is directed to read the test types, and his acuity of vision is recorded for each eye separately. The examination for visual acuity is of the utmost importance and shall be conducted by the medical officer with the greatest care and patience. An appreciable

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

percentage of men have slight visual defects, and in many of those presenting themselves for reenlistment and enlistment these defects may not be sufficiently serious to disqualify them for the naval service. Slight errors on the part of the applicant, such as misreading a "P" or "T" for "F", or a "C" for an "O", provided the majority of the letters or test characters are read with facility, need not be sufficient cause for rejection.

2124.2. Visual acuity is increased by two or three days' rest from close work, by special exercises of accommodation, or by squinting, but the change is only temporary and may not be accepted as representing average acuity under ordinary conditions of work. Persons wearing glasses, however, must be allowed to remove them for 10 or 15 minutes prior to a test for acuity of vision.

2124.3. Vision is to be expressed as a fraction, of which the numerator shall be the distance at which Snellen's 20-foot test letters can be determined, and the denominator 20. When vision is better than normal, the denominator shall be 15 or 10 as the case may be. Thus 20/20 indicates normal vision, 15/20, less than normal, and 20/15 or 20/10, better than normal. Special care should be taken to make certain that the candidate has not memorized the letters on any line. Reading the lines backward or identifying certain letters when the others are covered are methods of overcoming such attempts to deceive.

2124.4. Acceptable performance is defined as follows: If, without extra rest, exercises, or other measures of accommodation, the applicant reads at 20 feet any 20-foot line of the standard chart forward or backward within five seconds, he may be considered as having 20/20 visual acuity. An average of not more than two letters per line read incorrectly may be allowed, provided the applicant can read two letters of the 15-foot letters at 20 feet.

2124.5. Whenever the vision is less than 20/20, the maximum correctibility shall be determined and recorded, regardless of actual correction furnished by glasses. Examiners must bear in mind that correctibility to 20/20 is a requirement. Actual correction with glasses is not a requirement, although it may be desirable. Applicants are not to be required to procure glasses or have their glasses changed prior to acceptance. The pinhole is acceptable for determining correctibility if it produces 20/20 acuity, and correctibility to 20/20 may be ascertained in simple myopia without astigmatism by the use of the minus 1D or 2D ophthalmoscope lens. An eye will be considered not correctible to 20/20 only when the defect cannot be corrected with trial lenses.

## 2125

**Determination of Color Perception.**—2125.1. Applicants for enlistment and reenlistment in all branches of the Navy and Marine Corps and of the Naval Reserve and Marine Corps Reserve shall be required to read correctly one plate in each color group of the American Optical Company *Pseudo-Isochromatic Plates for Testing Color Perception*. The three color groups are represented in the 1940 edition by plates 1, 2, 3, 4 (numbers 89, 43, 56, 27), by plates 7, 8, 9, 10, 13, 14

## SECTION IV. THE EYES

(numbers 39, 42, 56, 27, 86, 75), and by plates 17, 18, 21, 22 (numbers 25, 68, 97, 34). The above groups are represented in Stilling's Twentieth Edition by plate number 3 (68), plate number 4 (86), and plate number 8 (43).

2125.2. The test shall be conducted in accordance with the instructions contained in the A. O. C. chart book currently approved by the Surgeon General. All of the plates shall be exhibited to every candidate, and no tests shall be conducted with less than the complete set. The figures on the charts are of such design as to eliminate confusion between the figures 3 and 8 and 2 and 7. Accordingly only the correct figure is to be read, and no alternative response is acceptable, as with the previous edition of the plates.

2125.3. The following personnel shall be required to read correctly not less than three plates of each color group of the A. O. C. charts: candidates for primary appointment to commissioned or warrant rank, nurses, candidates for entrance to the Naval Academy, candidates for training leading to commissioned rank, and candidates for training leading to the designations of naval aviator or naval aviation pilot.

2125.4. Enlisted candidates for special duties requiring a higher degree of color perception than is required for original enlistment shall be considered to have normal color perception if they read correctly not less than three plates in each color group.

2125.5. The significance of defective color preception in commissioned or enlisted personnel on active duty in the Navy or Marine Corps shall be evaluated with regard to the duties and service experience of the individuals. The report of the examination shall list the individual color plates missed. The Demonstration Plates will be disregarded and thereafter the remaining color plates considered in the numerical order in which they appear in the book; example, "Missed plates, 2, 7, 14, 21."

2125.6. The Edridge-Green Lamp or the S6-690 Lantern shall be used in the qualifying test for midshipmen and for officers in the service using the standard distance of 10 feet with a two-centimeter aperture. The correct recognition of white, green, and red lights, clear and when fogged, shall be required (par. 21104).

## 2126

**Standards for Candidates for Appointment and Promotion.—**

2126.1. For commission in the line of the Navy, the minimum visual standards shall be an acuity of not less than 15/20 in each eye capable of correction by lenses to 20/20.

2126.2. Candidates for commission in all staff corps of the Navy and officers assigned to engineering or other specialized duty only shall have 8/20 vision or better in each eye, correctible to 20/20.

2126.3. For commission in the Marine Corps, the minimum visual standards shall be an acuity of not less than 18/20 in each eye, capable of correction to 20/20. Enlisted personnel may be given temporary appointment to commissioned rank in the Marine Corps or Marine Corps Reserve with visual acuity of 15/20 in each eye, correctible to 20/20.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

2126.4. For aviation cadets, the standards are a minimum of 20/20 in each eye.

2126.5. With respect to diseases and defects of the eye, the standards are the same as those for applicants for enlistment (par. 2127.2).

2126.6. In the case of promotion of officers, the nature of the duties of the candidate shall be considered, but, as a general rule, a general service officer shall be found visually qualified for promotion unless faulty vision is of such degree as to interfere with proper performance of duty at sea or in the field. An officer of a staff corps or one assigned to engineering or other specialized duty only shall be found visually qualified for promotion unless faulty vision is of such degree as to interfere with proper performance of assigned duties.

## 2127

**Standards for Applicants for Enlistment.**—2127.1. A minimum vision of 6/20 in one eye and at least 10/20 in the other, visual acuity in each eye correctible to 20/20, when no organic disease of either eye exists, is required, except for aviation candidates (par. 21150).

2127.2. The following conditions are causes for rejection:

- (a) Trachoma, or xerophthalmia.
- (b) Chronic conjunctivitis.
- (c) Pterygium encroaching upon the cornea.
- (d) Complete or extensive destruction of the eyelids, disfiguring cicatrices, adhesions of the lids to each other or to the eyeball.
- (e) Inversion or eversion of the eyelids, or lagophthalmus.
- (f) Trichiasis, ptosis, blepharospasm, or chronic blepharitis.
- (g) Epiphora, chronic dacryocystitis, or lachrymal fistula.
- (h) Chronic keratitis, ulcers of the cornea, staphyloma, or corneal opacities encroaching on the pupillary area and reducing the acuity of vision below the standard noted above.
- (i) Irregularities in the form of the iris, or anterior or posterior synechiae sufficient to reduce the visual acuity below the standard.
- (j) Opacities of the lens or its capsule sufficient to reduce the acuity of vision below the standard, or progressive cataract of any degree.
- (k) Extensive coloboma of the choroid or iris, absence of pigment (albino), glaucoma, iritis, or extensive or progressive choroiditis of any degree.
- (l) Retinitis, detachment of the retina, neuroretinitis, optic neuritis, or atrophy of the optic nerve.
- (m) Loss or disorganization of either eye, or pronounced exophthalmos.
- (n) Pronounced nystagmus or well-marked strabismus.
- (o) Diplopia, or night blindness.
- (p) Abnormal condition of the eye due to disease of the brain.
- (q) Malignant tumors of lids or eyeballs.
- (r) Asthenopia accompanying any ocular defect.

## 2128

**Standards for Candidates for the Naval Academy.**—2128.1. Each candidate on entrance to the Naval Academy must have normal (20/20) vision in each eye and must submit to refraction under a cycloplegic (homatropine 4%). A refractive error greater than minus .5D in any meridian is disqualifying.

2128.2. For commission upon graduation, the standards are the same as those stated in paragraph 2126.

2128.3. Any midshipman whose vision in either eye during his period of service falls below 18/20 may be subject to rejection, except those specifically designated for staff corps.

## SECTION V. THE EARS

2128.4. Defective vision due to disease of the eye grounds shall be a cause for rejection at any time.

2128.5. Both eyes must be free from any disfiguring or incapacitating abnormality and from acute or chronic disease.

## SECTION V. THE EARS

	Paragraph
Examination for Disease .....	2129
Determination of Auditory Acuity .....	2130
Standards for Applicants for Enlistment .....	2131
Standards for Candidates for Appointment and Promotion.....	2132
Standards for Candidates for the Naval Academy.....	2133

## 2129

**Examination for Disease.**—The external ears, auditory canals, the tympanic membranes, and the mastoid regions shall be examined, using available apparatus.

## 2130

**Determination of Auditory Acuity.**—To determine the acuity of hearing, place the applicant, with the ear to be tested opposite the assistant, 15 feet distant, and direct him to repeat promptly the words whispered by the assistant. If the applicant cannot hear the words at 15 feet, the assistant should approach foot by foot, using the same tone of voice, until the words are repeated correctly. Examine each ear separately, closing the other ear by pressing the tragus firmly against the meatus; the examiner may face in the same direction as the applicant and close one of his own ears in the same way as a control. The assistant should speak in a whisper, just plainly audible to the examiner, and should use numerals, names of places, or other words or sentences until the condition of the applicant's hearing is evident. The acuity of hearing should be expressed in a fraction, the numerator indicating the distance in feet at which the words are heard by the candidate, and the denominator 15, indicating the normal distance. If any doubt arises as to the correctness of the answer given, the applicant may be blindfolded and a clock or coin click used to determine the distance at which it can be heard, care being taken that the applicant does not know the distance from the ear at which it is being held. The clock used should be the standard ward desk clock listed as Stock No. 6-075 in the *Supply Catalog, Medical Department*. Hearing shall be expressed as a fraction, of which the numerator shall be the distance in inches at which the ticking of the clock is heard, and the denominator 40. The voice is a more reliable method of determining the acuteness of hearing than the clock test, as it allows for variations in hearing with the modifications produced by changes in pitch and tone, and the voice can be raised if there are noises in the vicinity of the examining room. In every case, whether the hearing is normal or defective, the medical examiner shall make a careful otoscopic examination of the auditory canal and tympanic membranes to detect cases of otitis media and perforated drums.

PT. II, CH. 1. PHYSICAL EXAMINATIONS

2131

**Standards for Applicants for Enlistment.**—2131.1. The acuity of hearing in each ear must be at least 15/15 by whispered voice, 40/40 by standard clock, or 20/20 by acoumeter or coin click (par. 21163).

2131.2. The following conditions are causes for rejection:

(a) The total loss of an external ear, marked hypertrophy or atrophy, or disfiguring deformity of the organ.

(b) Atresia of the external auditory canal, or tumors of this part.

(c) Acute or chronic suppurative otitis media, or chronic catarrhal otitis media.

(d) Mastoiditis, acute or chronic.

(e) Existing perforation of either membrana tympani.

(f) Deafness of one or both ears.

2132

**Standards for Candidates for Appointment and Promotion.**—

2132.1. For appointment as an officer in the Navy, hearing in each ear must be 15/15 by whispered voice or 40/40 by standard clock.

2132.2. In the case of promotion of officers the nature of the duties of the candidate should be considered, but, as a rule, less than 7/15 binaural hearing of the spoken voice (ordinary conversation) is a disqualifying defect. As a rule, a loss of hearing of more than 35 decibels in the frequencies 256, 512, 1024, and 2048 in each ear shall be a cause for retirement. The above frequencies on the audiometer embrace the conversational tones.

2132.3. With respect to defects and diseases of the ear, the standards are the same as those for applicants for enlistment.

2133

**Standard for Candidates for the Naval Academy.**—Candidates for the Naval Academy shall meet the same standards as those for appointment. Any chronic disease of the external, middle, or internal ear shall be sufficient cause for rejection. Existing perforation of either membrana tympani from any cause whatever is disqualifying. A scar from previous perforation unaccompanied by other defects is not disqualifying. Both ears must be free from any disqualifying or incapacitating abnormality and from acute or chronic disease.

SECTION VI. GENERAL EXAMINATION, INCLUDING HEIGHT, WEIGHT, AND CHEST MEASUREMENT

	Paragraph
Facts Determined by Inspection .....	2134
Weight .....	2135
Directions for Taking Chest Measurements .....	2136
Standards for Height, Weight, and Chest Measurement .....	2137
Exercises .....	2138
Results of Exercises .....	2139
Standards for Applicants for Enlistment .....	2140
Standards for Candidates for Appointment .....	2141
Standards for Candidates for the Naval Academy .....	2142

SECTION VI. GENERAL EXAMINATION,  
INCLUDING HEIGHT, WEIGHT, CHEST

## 2134

**Facts Determined by Inspection.**—Examination shall be conducted with the applicant entirely nude. A thorough general inspection of the entire body shall be made, noting the proportion and symmetry of the various parts of the body, the chest development, the condition and tone of the muscles, the general nutrition, the character of the skin, the presence of any deformities or of signs of immaturity. This examination frequently determines the fact of the applicant's unfitness for the service; it may show him to be undersized, underweight, undeveloped, pale and emaciated, poorly nourished, with thin flabby muscles, or manifestly lacking in stamina and resistance to disease.

## 2135

**Weight.**—The applicant shall be weighed on a standard set of scales which are known to be correct. The weight shall be recorded in pounds (fractions of pounds shall not be recorded).

## 2136

**Directions for Taking Chest Measurements.**—The applicant shall be made to stand erect with his heels together and arms hanging loosely at the sides. The measuring tape shall be carefully adjusted around the chest, with the upper edge of the tape just below the lower angles of the shoulder blades behind and the nipples in front. The tape should be approximately horizontal. The applicant shall then be directed to take several deep breaths, each followed by complete exhalation, in order to verify the maximum and minimum measurements. Care must be taken not to displace the tape and to avoid muscular contortions, which frequently cause a greater inspiratory measurement than the actual lung capacity warrants. Great patience and care are often necessary to obtain correct results in these measurements, as many men do not know how to expand the chest correctly and must be taught the proper method. The chest measurement at inspiration and expiration shall be recorded in inches and fractions of an inch to quarters. The mobility is the difference between the measurements recorded at inspiration and expiration.

## 2137

**Standards for Height, Weight, and Chest Measurement.**—The following tables of physical proportions for height, weight, and chest measurement are intended for the guidance of the examiner. The weight should be proportional to height and build. Marked disproportion in the physical proportions is a cause for rejection. In the case of an especially desirable applicant of otherwise good physique, any defects within reasonable limits shall be brought to the attention of the Bureau with recommendation for waiver, satisfactory reason being offered as to why waiver is recommended (par. 2110).

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

*Standards for Officers, Midshipmen, and Enlisted Men*

Age	Height	Weight	Chest at expiration	Expansion required
16	60 and under 65	100	29	2
	65 and under 68	112	30	2
	68 and under 70	117	30½	2
	70 and under 72	122	31	2¼
	72 and under 74	128	32	2½
	74-76	132	32	2½
17	60 and under 63	108	30	2
	63 and under 65	110	30	2
	65 and under 68	114	31	2
	68 and under 70	119	31½	2
	70 and under 72	125	32	2½
	72 and under 74	130	32½	2½
	74-76	137	33½	2½
18	60 and under 64	113	31½	2
	64	115	31½	2
	65 and under 68	119	32	2
	68 and under 70	124	32½	2½
	70 and under 72	130	32½	2½
	72 and under 74	135	33½	2½
	74-76	142	34½	2½
19	60	115	32	2
	61	117	32	2
	62-63	119	32	2
	64	120	32	2
	65 and under 68	124	32½	2
	68 and under 70	129	33	2½
	70 and under 72	135	33½	2½
	72 and under 74	140	33½	2½
	74-76	145	34½	2½
20	60	117	32	2
	61	119	32	2
	62	122	32	2
	63	124	32	2
	64	125	32	2
	65 and under 68	129	32½	2
	68 and under 70	134	33	2½
	70 and under 72	140	33½	2½
	72 and under 74	148	34½	2½
	74-76	153	35½	2½
21	60	118	32	2
	61	120	32	2
	62	123	32	2
	63	126	32	2
	64	128	32	2
	65 and under 68	136	33	2
	68 and under 70	148	33½	2½
	70 and under 72	152	34	2½
	72 and under 74	157	35	2½
	74-76	162	35½	2½

# SECTION VI. GENERAL EXAMINATION, INCLUDING HEIGHT, WEIGHT, CHEST

*Standards for Officers, Midshipmen, and Enlisted Men—Continued*

Age	Height	Weight	Chest at expiration	Expansion required
22 to 25	60	121	32½	2
	61	123	32½	2
	62	125	32½	2
	63	129	32½	2
	64	133	32½	2
	65 and under 68	141	33	2
	68 and under 70	153	33½	2½
	70 and under 72	157	34	2½
	72 and under 74	162	35	3
	74-76	168	35½	3
26 to 29	60	125	33	2
	61	127	33	2
	62	129	33	2
	63	132	33	2
	64	133	33	2
	65	137	33	2
	66	141	33½	2½
	67	145	33½	2½
	68	149	34	2½
	69	153	34¼	2½
	70	157	34½	3
	71	162	34¾	3
	72	167	35	3
	73	175	35½	3
	74	182	35½	3
	75	190	36	3
	76	200	36	3
30 to 34	60	127	33	2
	61	129	33	2
	62	131	33	2
	63	132	33	2
	64	136	33	2
	65	140	33	2
	66	144	33½	2½
	67	148	33½	2½
	68	152	34	2½
	69	156	34¼	2½
	70	161	34½	3
	71	166	34¾	3
	72	172	35	3
	73	178	35½	3
	74	188	35½	3
	75	195	35½	3
	76	200	36	3

## *Standards for Enlistment of Filipinos*

Height	Weight	Chest at expiration	Height	Weight	Chest at expiration
59	100	28½	65	110	30
60	101	28¾	66	113	30¼
61	102	29	67	118	30½
62	103	29¼	68	124	30¾
63	105	29½	69	127	31
64	107	29¾	70	130	31¼

**Exercises.**—2138.1. The applicant shall be put through a series of movements similar to those described below, which will bring into action the various joints and muscles of the body. The purpose is best accomplished by requiring the applicant to follow the movements as made by the examiner or an assistant.

2138.2. Bring the elbows firmly to the sides of the body with the forearms extended to the front, palms of the hands uppermost; extend and flex each finger separately; bring the tips of the thumbs to the base of the little finger; close the hands, with the thumbs covering the fingers; extend and flex the hands on the wrists; rotate the hands so that the fingernails will first be up and then down; move the hand from side to side. Extend the arms and forearms fully to the front and rotate them at the shoulders with the fists. Extend the arms at right angles with the body; place the thumbs on the points of the shoulders; raise and lower the arms, bringing them sharply to the sides at each motion. Let the arms hang loosely by the sides; swing the right arm in a circle rapidly from the shoulder, first to the front and then to the rear; swing the left arm in the same manner. Extend the arms fully to the front, keeping the palms of the hands together and the thumbs up; carry the arms quickly back as far as possible, keeping the thumbs up, and at the same time raise the body on the toes. (Question the candidate regarding any previous dislocations of the shoulder.) Extend the arms above the head, locking the thumbs, and bend over to touch the ground with the hands, keeping the knees straight. Perform two push-ups from the floor. (Question the candidate as to wrist injury for possible scaphoid fracture.)

2138.3. Extend one leg, lifting the heel from the floor, and move all the toes freely; move the foot up and down and from side to side, bending the ankle joint, the knee being kept rigid; bend the knee freely; kick forcibly backward and forward; throw the leg out to the side as far as possible, keeping the body squarely to the front; repeat all these movements with the other foot and leg; strike the breast first with one knee and then with the other; stand upon the toes of both feet; squat sharply several times; kneel upon both knees at the same time. (If the man comes down on one knee after the other there is reason to suspect infirmity, such as injury to menisci. Question the candidate as to previous injury.)

2138.4. Take the position "to fire kneeling"; stand erect, present the back to the examiner, and then hold up to view the sole of each foot; leap directly up, striking the buttocks with both heels at the same time, hop the length of the room on the ball of first one foot and then the other; make a standing jump as far as possible and repeat it several times; run the length of the room several times.

**Results of Exercises.**—While the exercises prescribed may cause some breathlessness and accelerated throbbing of the blood vessels, they should not cause manifest exhaustion or great distress in a

SECTION VI. GENERAL EXAMINATION,  
INCLUDING HEIGHT, WEIGHT, CHEST

healthy man. Lack of ability to perform any of these exercises indicates some defect or deformity that should be investigated further.

2140

**Standards for Applicants for Enlistment.**—2140.1. For the acceptance of an enlisted man a minimum height of 60 inches without shoes is required. The maximum height is 76 inches. The weight must be proportional to height and build. The figures in the table (par. 2137) are for use as a general guide.

2140.2. The standards as to the relationship between height, weight, and chest measurement given in the tables above relate to young men between 16 and 34 years of age, and in general an applicant shall not be accepted whose weight and chest measurement are not proportionate to his height and build.

2140.3. Variations in weight above the standard are disqualifying if sufficient to constitute such obesity as to interfere actually or potentially with normal physical activity, as may be evidenced by high blood pressure, a beginning nephritis, breaking down of the arches of the feet, or other defects incident to such condition. A variation of 10 pounds under the standard given in the table above is admissible when the applicant for enlistment is active, has firm muscles, and is evidently vigorous and healthy. Slightly greater variations may be allowed upon recommendation for waiver. A chest expansion of less than 2 inches in a minor or less than  $2\frac{1}{2}$  inches in an adult is a sufficient cause for rejection.

2140.4. The following conditions are causes for rejection:

(a) Any deformity which is repulsive or which prevents the proper functioning of any part to a degree interfering with military efficiency.

(b) Obesity.

(c) A height of more than 76 inches (75 inches under 18 years of age) or less than 60 inches.

(d) Deficient muscular development.

(e) Deficient nutrition.

(f) Evidences of physical characteristics of congenital asthenia, such as slender bones, a weak, ill-developed thorax, nephroptosis, gastroptosis, constipation, and the "drop" heart, with its peculiar attenuation and weak and easily fatigued musculature.

(g) All acute communicable diseases.

(h) All diseases and conditions which are not easily remediable or that tend physically to incapacitate the individual, such as: chronic malaria or malarial cachexia; uncinariasis, tuberculosis (par. 2163 (g)); leprosy or actinomycosis; pellagra or beriberi, recurrent attacks of rheumatic fever, chronic articular rheumatism, or chronic arthritis; cellulitis or osteomyelitis; malignant diseases of all kinds in any location; hemophilia or purpura; leukemia of all types; pernicious anemia; splenic anemia; trypanosomiasis; filariasis which has produced permanent disability or deformity, history of an acute attack of filariasis within six months of date of examination, or the finding of microfilaria in the blood stream; diabetes mellitus or insipidus; acromegaly, gigantism, myxedema, cretinism, Addison's disease, and other endocrine diseases; chronic metallic poisoning; and allergy.

2141

**Standards for Candidates for Appointment.**—2141.1. Candidates for appointment shall meet the same standards as those for applicants for enlistment except that for an officer the minimum chest expansion is  $2\frac{1}{2}$  inches and the minimum weight is 132 pounds. The

PT. II, CH. 1. PHYSICAL EXAMINATIONS

minimum height is 66 inches and the maximum 76 inches. Variations in weight exceeding 15 percent above the standards given in the tables (par. 2137) are disqualifying if sufficient to constitute such obesity as to interfere actually or potentially with normal physical activity. The medical officer may make further allowance for increased weight if the excess is due to large bony framework and large musculature. Variations not to exceed 15 pounds (not to fall below 132 pounds) in weight or one inch in the chest measurement at expiration below standards given in the tables may be allowed, provided the candidate for appointment is active, has firm muscles, and is evidently vigorous and healthy. A chest expansion of less than 2½ inches is a sufficient cause for rejection of the applicant.

2141.2. Applicants for enrollment in the Naval Reserve Officers Training Corps, or appointment in the Naval Reserve, should be allowed a greater variation for maximum weight, especially large-boned and muscular individuals who actively participate in athletics. The medical officer shall use his judgment in these cases.

2141.3. Other disqualifying defects for candidates for commission are the same as those stated in paragraph 2140.

2142

**Standards for Candidates for the Naval Academy.**—2142.1. The figures in the tables above (par. 2137) are minimum for growing youths and are for the guidance of medical officers in connection with the other data obtained at the examination, a consideration of all of which will determine the candidate's physical eligibility. The physical requirements shall be those of the age at the birthday nearest the date of examination. Fractions greater than one-half inch in height shall be considered as an additional inch.

2142.2. Attention shall be paid to the stature of the candidate, and no one manifestly undersize for his age will be received at the academy. The height of all candidates for admission shall not be less than 5 feet 5½ inches (65½ inches), regardless of age, and no increase in height shall be required for commission upon graduation. The maximum height is 76 inches, and growing youths below 18 shall not be accepted if above 74 inches in height. Any marked deviation in the height and weight relative to the age of a candidate will add materially to considerations for rejection.

2142.3. Other disqualifying defects for candidates for the Naval Academy shall be the same as those stated in paragraph 2140.4.

2142.4. Candidates for the Naval Academy Preparatory School from enlisted personnel shall be examined as required by Article D-6103 (c), *Bureau of Naval Personnel Manual*.

SECTION VII. THE SKIN

Examination for Disease .....	Paragraph 2143
Standards for Applicants for Enlistment or Appointment .....	2144

2143

**Examination for Disease.**—The skin shall be inspected for eruptions; for signs of anemia, jaundice, and other symptoms of disease;

## SECTION VIII. THE HEAD

for hypodermic and other scars; and for pediculi. In a consideration of disease of the skin as a cause for rejection, particularly scabies and pediculosis, special attention should be given to the provisions of paragraph 215 with a view to cure of the condition and subsequent enlistment. As a general rule, applicants extensively infested with vermin and filthy in person and clothing should be rejected as probably being unsuited for the military service by reason of habits, character, or mental deficiency.

## 2144

**Standards for Applicants for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) Eczema of long standing or which is rebellious to treatment.
- (b) Chronic impetigo, pemphigus, lupus, or sycosis.
- (c) Actinomycosis, dermatitis herpetiformis, or mycosis fungoides.
- (d) Extensive psoriasis, or ichthyosis.
- (e) Acne upon face or neck which is so pronounced as to amount to positive deformity or is of such an extent over the shoulders as would interfere with carrying equipment.
- (f) Elephantiasis.
- (g) Pediculosis or scabies.
- (h) Carbuncle.
- (i) Ulcerations of the skin not amenable to treatment, or those of long standing, or of considerable extent, or of syphilitic or malignant origin.
- (j) Extensive, deep, or adherent scars that interfere with muscular movements or with the wearing of equipment, or that show a tendency to break down and ulcerate.
- (k) Naevi and other erectile tumors if extensive, disfiguring, or exposed to constant pressure.
- (l) Obscene, offensive, or indecent tattooing. The applicant should be given an opportunity to alter the design, in which event he may, if otherwise qualified, be accepted.
- (m) Pilonidal cyst or sinus except simple dimpling of the skin.

## SECTION VIII. THE HEAD

Paragraph

Examination for Defects .....	2145
Standards for Applicants for Enlistment or Appointment.....	2146

## 2145

**Examination for Defects.**—The head shall be carefully inspected for stigmata of degeneration. Every portion of the cranium shall be palpated for evidence of former injury, depressions from any cause, and for other deformity.

## 2146

**Standards for Applicants for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) Tinea in any form.
- (b) All benign tumors which are of sufficient size to interfere with the wearing of military headgear.
- (c) Imperfect ossification of the cranial bones or persistence of the anterior fontanelles.

PT. II, CH. 1. PHYSICAL EXAMINATIONS

- (d) Extensive cicatrices, especially such adherent scars as show a tendency to break down and ulcerate.
- (e) Depressed fractures or other depressions, or loss of bony substance of the skull, unless the examiner is certain the defect is slight and will cause no future trouble.
- (f) Monstrosity of the head, or hydrocephalus.
- (g) Hernia of the brain.
- (h) Deformities of the skull of any degree associated with evidence of disease of the brain, spinal cord, or peripheral nerves.

SECTION IX. THE FACE

Paragraph

Standards for Applicants for Enlistment or Appointment..... 2147

2147

**Standards for Applicants for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) Extreme ugliness.
- (b) Unsightly deformities, such as large birthmarks, large hairy moles, extensive cicatrices, mutilations due to injuries or surgical operations, tumors, ulcerations, fistulae, atrophy of a part of the face, or lack of symmetrical development.
- (c) Persistent neuralgia, tic doloreux, or paralyses of central nervous origin.
- (d) Ununited fractures of the maxillary bones, deformities of either maxillary bone interfering with mastication or speech, extensive exostosis, caries, necrosis, or osseous cysts.
- (e) Chronic arthritis of the temporo-mandibular articulation, badly reduced or recurrent dislocations of this joint, or ankylosis, complete or partial.

SECTION X. THE MOUTH, NOSE, FAUCES, PHARYNX, LARYNX, TRACHEA, AND OESOPHAGUS

Paragraph

Methods of Examination ..... 2148

Standards for Applicants for Enlistment or Appointment..... 2149

2148

**Methods of Examination.**—A complete examination by reflected light shall be made of the anterior and posterior nares, the nasopharynx, and the pharynx, and when necessary the larynx. When considered necessary, transillumination and studies by the x-ray shall be employed.

2149

**Standards for Applicants for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) Harelip, unless adequately repaired, loss of the whole or a large part of either lip, unsightly mutilations of the lips from wounds, burns, or disease.
- (b) Malformation, partial loss, atrophy, or hypertrophy of the tongue, split or bifid tongue, or adhesions of the tongue to the sides of the mouth, provided these conditions interfere with mastication, speech, or swallowing, or appear to be progressive.
- (c) Malignant tumors of the tongue, or benign tumors that interfere with its functions.
- (d) Marked stomatitis, or ulcerations, or severe leukoplakia.
- (e) Ranula if at all extensive, or salivary fistula.

## SECTION XI. THE TEETH

(f) Perforation or extensive loss of substance or ulceration of the hard or soft palate, extensive adhesions of the soft palate to the pharynx, or paralysis of the soft palate.

(g) Loss of the nose, malformation, or deformities thereof that interfere with speech or breathing (unless readily correctible upon enlistment), or extensive ulcerations.

(h) Perforated nasal septum.

(i) Nasal obstruction due to septal deviation, hypertrophic rhinitis, or other causes, if sufficient to produce mouth breathing.

(j) Acute or chronic inflammation of the accessory sinuses of the nose, hay fever (unless it is seasonal in type and not complicated by asthma upon enlistment), or allergic rhinitis.

(k) Chronic atrophic rhinitis, if marked and accompanied by ozena.

(l) Malformations or deformities of the pharynx of sufficient degree to interfere with function.

(m) Postnasal adenoids interfering with respiration or associated with middle-ear disease.

(n) Marked enlargement of the tonsils or diseased tonsils.

(o) Laryngitis from any cause.

(p) Paralysis of the vocal chords, or aphonia.

## SECTION XI. THE TEETH

	Paragraph
Standards to Qualify for Enlistment .....	2150
Standards to Qualify for Appointment as Commissioned and Warrant Officers .....	2151
Standards to Qualify for Appointment as Midshipmen .....	2152
Explanation of Standards .....	2153
Causes for Rejection .....	2154

## 2150

**Standards to Qualify for Enlistment.**—2150.1. The teeth and mouth shall be examined by a dental officer, if one is available.

2150.2. To be accepted for enlistment an applicant must have a minimum of 18 vital serviceable permanent teeth and must have sufficient teeth in functional occlusion to insure satisfactory incision and mastication. The applicant must not require immediate dental prosthesis. (Lower standards for particular classes of personnel are covered by NAVMED-216, "Index of References, Physical Standards.")

2150.3. In order to be accepted for enlistment as a bugler, trumpeter, or musician playing a wind instrument, an applicant, as well as meeting the standards in 2150.2 must have, in serviceable condition, the six upper and the six lower anterior teeth; namely, right and left central incisors, right and left lateral incisors, and right and left cuspids, none of which may be markedly out of alignment or rotated sufficiently to present other than a labial surface to the lip.

2150.4. The explanation of standards in paragraph 2153 shall apply in interpreting the above requirements.

## 2151

**Standards to Qualify for Appointment as Commissioned and Warrant Officers.**—2151.1. The teeth and mouth shall be examined by a dental officer or, if that is impracticable, by a medical officer, who shall state in the record of findings whether or not the candidate is dentally qualified for appointment.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

2151.2. To qualify, a candidate must meet the standards for enlistment outlined in paragraph 2150, and in addition shall present a higher standard as to formation and condition of the teeth, occlusion, condition of the soft tissues, and such restorations and replacements as may be present.

2151.3. Since a change in status from enlisted to officer grade is an appointment and not a promotion, medical examining boards may not find candidates physically qualified on the basis of ability to perform the duties of the grade for which examined when requirements noted in paragraph 2151.2 are not met. It is proper, however, for boards to certify that the candidate's inability to meet the required dental standards is not sufficient to disqualify, and to recommend him for appointment, when the candidate, in the opinion of the board, has other qualifications which are notably higher than average (Secs. 864 and 867, *Naval Courts and Boards*).

## 2152

**Standards to Qualify for Appointment as Midshipmen.**—2152.1. The teeth and mouth shall be examined by a dental officer, who shall state in the record of findings whether or not the candidate is dentally qualified for appointment.

2152.2. A candidate, in order to qualify for appointment as midshipman at the Naval Academy, must meet the dental requirements for commission, except that the teeth and soft tissues shall conform to a higher standard. There must be fewer restorations and those present must be of a higher quality. The deviation from normal occlusion, if any, must be minor, and there must be good functional occlusion and no interference with speech.

2152.3. At the time of acceptance, a candidate from civilian life should have received all required dental treatment, including permanent restorations of carious teeth and the removal of deposits.

## 2153

**Explanation of Standards.**—2153.1. A vital tooth is a tooth containing a vital dental pulp.

2153.2. A serviceable tooth is one which is free from disease, or, if carious, can be restored satisfactorily without endangering the pulp; is adequately supported by normal tissue; does not have a faulty restoration or bridge attachment; and is fully effective functionally.

2153.3. A permanent tooth is a natural tooth of the normal second dentition. Deciduous and supernumerary teeth shall not be included.

2153.4. An opposed tooth is one that comes into functional contact with one or more teeth of the opposite arch.

2153.5. A bicuspid may not be counted as a molar nor may a cuspid be counted as an incisor.

2153.6. An abutment tooth (a natural tooth to which a bridge is attached) may be counted as serviceable only when the pulp is vital, the tooth is sound, is supported by healthy tissue, and is in useful occlusion, and the bridge attachment is well designed and in good condition.

## SECTION XII. THE NECK

## 2154

**Causes for Rejection.**—The following conditions are causes for rejection:

- (a) The loss of teeth in excess of the standards noted in paragraph 2150.
- (b) Marked protrusion or retrusion of the mandible.
- (c) Marked deformity of the maxilla or mandible.
- (d) Marked malocclusion.
- (e) Dento-facial deformity.
- (f) Lack of serviceable occlusion.
- (g) Impingement of teeth of one jaw upon gingiva of the opposing jaw.
- (h) Numerous or wide spaces that are edentulous (without natural teeth).
- (i) Extensive or numerous unsatisfactory restorations by fillings, inlays, crowns, bridges, or dentures.
- (j) Teeth generally unserviceable because of insufficient size or poor formation.
- (k) Teeth generally involved with caries.
- (l) Teeth generally unsound or unsightly because of faulty calcification.
- (m) Pulpless teeth with defective or no pulp canal filling.
- (n) Apical or extensive pericemental areas of infection.
- (o) Teeth carious beyond restoration.
- (p) Large deposits of salivary calculus.
- (q) Advanced or extensive periodontoclasia.
- (r) Infectious diseases of the soft tissues, including Vincent's stomatitis.
- (s) Syphilitic lesions.
- (t) Malignant tumors.
- (u) Benign tumors or cysts likely to enlarge.

## SECTION XII. THE NECK

	Paragraph
Significance of Cervical Adenitis.....	2155
Standards for Applicants for Enlistment or Appointment.....	2156

## 2155

**Significance of Cervical Adenitis.**—Cervical adenitis must be given careful consideration with a view to determining its cause. If the condition is of benign origin, it is not a cause for rejection in itself. Adenitis in the submaxillary, parotid, and auricular region is usually of benign origin; in the clavicular and lower carotid regions it is frequently tubercular. The presence of adenitis should always be borne in mind as a possible sign of syphilis.

## 2156

**Standards for Applicants for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) Cervical adenitis of other than benign origin, including cancer, Hodgkin's disease, leukemia, tuberculosis, syphilis, etc.
- (b) Adherent or disfiguring scars from disease, injuries, or burns.
- (c) Extensive or progressive goiter interfering with breathing or with the wearing of clothing.
- (d) Exophthalmic goiter or myxedema.
- (e) Thyroid enlargement from any cause associated with toxic symptoms, or which is disfiguring.
- (f) Benign tumors or cysts which are so large as to interfere with the wearing of a uniform or military equipment.
- (g) Torticollis.
- (h) Tracheal openings, thyroglossal or cervical fistulae.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

## SECTION XIII. THE SPINE

	Paragraph
Examination for Disease .....	2157
Standards for Applicants for Enlistment or Appointment.....	2158

## 2157

**Examination for Disease.**—The mobility shall be observed while the applicant is performing the exercises directed in paragraph 2138. When necessary, x-ray examinations shall be made.

## 2158

**Standards for Applicants for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) Lateral deviation of the spine from the normal midline of such degree that it impairs normal function or is likely to do so.
- (b) Curvature of the spine of such degree that function is interfered with or is particularly likely to be interfered with, or in which there is noticeable deformity when the applicant is dressed (scoliosis, kyphosis, or lordosis).
- (c) Fractures or dislocations of the vertebrae.
- (d) Vertebral caries (Pott's disease).
- (e) Abscess of the spinal column or its vicinity.
- (f) Osteoarthritis of the spinal column, partial or complete.
- (g) Fracture of the coccyx; spina bifida; spondylolisthesis; cervical rib.

## SECTION XIV. THE CHEST

	Paragraph
Study of Conformation .....	2159
Standards for Applicants for Enlistment or Appointment.....	2160

## 2159

**Study of Conformation.**—It is essential that the chest be well developed and justly proportioned to the other body measurements. Any marked deviation in form, either a flattening of the chest or a persistence of the round or infantile type, is an element of weakness. Abnormal development, such as pigeon breast, funnel chest, or rachitic chest, is also to be regarded with suspicion, as such conditions usually coincide with a somewhat enfeebled constitution and a predisposition to disease of the lungs. Hence, any anomaly in the shape of the chest must be given careful consideration, especially in connection with the results found in the examination of the contained organs and of other parts of the body.

## 2160

**Standards for Applicants for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) Deficient expansion of the chest.
- (b) Congenital malformations or acquired deformities which result in reducing the chest capacity and diminishing the respiratory functions to such a degree as to interfere with vigorous physical exertion or to produce disfigurement when the applicant is dressed.

## SECTION XV. THE LUNGS

(c) Pronounced contractions of the chest with adhesions following pleurisy or empyema.

(d) Deformities of the scapulae sufficient to interfere with the carrying of equipment.

(e) Absence or faulty development of the clavicle.

(f) Old fracture of the clavicle where there is much deformity or interference with the carrying of equipment, ununited fractures, or partial or complete dislocation of either end of the clavicle.

(g) Suppurative periostitis or caries or necrosis of the ribs, the sternum, the clavicles, or the scapulae.

(h) Old fractures of the ribs with faulty union, if interfering with function.

(i) Tumors of the breast or chest wall which interfere with the wearing of a uniform or of equipment.

(j) Unhealed sinuses of the chest wall.

(k) Scars of old operations for empyema unless the examiner is assured that the respiratory function is entirely normal.

## SECTION XV. THE LUNGS

	Paragraph
General Considerations .....	2161
Interpretation of Physical Signs .....	2162
Standards for Applicants for Enlistment or Appointment.....	2163

## 2161

**General Considerations.**—The lungs shall be examined by inspection, palpation, percussion, and auscultation of the chest. Photo-fluoroscopic or roentgen examination of the thorax shall be made as a part of the examination to determine physical fitness for entry into the service or for active duty (par. 21103). In the inspection and interrogation of applicants, the following points should lead to a suspicion of pulmonary tuberculosis: apparent undue prominence of the clavicle on one side, caused by a deepening of the hollow above and a flattening of the space beneath; a wasting of the muscles of the shoulder girdle on one side, as evidenced by apparent excessive prominence of the shoulder and scapula; a history of recent loss of weight, especially if associated with long continued cough or with night sweats. In suspected cases, observation, with complete record of temperature, pulse, and respiration, may be of assistance. As pleurisy, with or without effusion, is a very frequent indication of early tuberculosis, medical examiners shall examine with the greatest care applicants who have apparently recovered from pleurisy.

## 2162

**Interpretation of Physical Signs.**—Each applicant shall be required to exhale his breath, cough, and immediately breathe in. The chest should be auscultated during this process. All men who show moist rales during cough or during respiration should be classed as doubtful cases. All cases should also be classed as doubtful in which there is well-marked dullness on percussion, well-marked increased transmission of voice, harsh respiration, and well-marked prolonged expiration, even though there be no rales present. In any case with physical findings or history indicating the probable existence of latent or active tuberculosis, the x-ray examination shall be

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

made at the time of examination for acceptance or enlistment and not deferred until the applicant comes on active duty or reports for training.

2163

**Standards for Applicants for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) Pneumonoconiosis.
- (b) Acute or chronic pleurisy, or empyema.
- (c) Pneumothorax, hydrothorax, or hemothorax.
- (d) Chronic bronchitis, chronic pneumonia, pulmonary emphysema, asthma, or bronchiectasis.
- (e) Actinomycosis, hydatid cysts, or abscess of the lung.
- (f) Tumor of lungs, pleura, or mediastinum.
- (g) Disqualifying defects demonstrable by a roentgen examination of the chest, such as:

(1) Any evidence of reinfection (adult) type tuberculosis, active or inactive, other than slight thickening of the apical pleura or thin solitary fibroid strands.

(2) Evidence of active primary (childhood) type tuberculosis.

(3) Extensive multiple calcification in the lung parenchyma, or massive calcification in the hilus, or any calcification of questionable stability.

(4) Evidence of fibrous or sero-fibrinous pleuritis, except moderate diaphragmatic adhesions with or without blunting or obliteration of the costophrenic sinus.

*Note.*—When recording interpretations, the word “negative” should be used only when the lung fields are without abnormality; defects considered not disqualifying should be fully described and noted as not considered disqualifying.

## SECTION XVI. THE HEART AND BLOOD VESSELS

	Paragraph
Methods of Examination of Heart and Blood Vessels.....	2164
Examination after Exercise .....	2165
Consideration of Blood Pressure .....	2166
Interpretation of Abnormal Signs and Symptoms.....	2167
Hypertrophy and Dilatation .....	2168
Physiological Murmurs .....	2169
Pathological Murmurs .....	2170
Standards for Candidates for Appointment or Enlistment.....	2171
Standards for Candidates for the Naval Academy.....	2172

2164

**Methods of Examination of Heart and Blood Vessels.**—2164.1. **GENERAL.**—The applicant should stand before the examiner with direct light falling upon his chest. He should stand at ease, with the arms relaxed and hanging by his sides. The examiner should not permit the applicant to move his body from side to side or twist it in an endeavor to assist in the examination, as these maneuvers may distort landmarks and increase muscular resistance of the chest wall. The heart should be examined by the following methods: inspection, palpation, percussion, auscultation, and when considered necessary, by mensuration. Blood-pressure readings and palpation of the pulse are required for candidates for commission and for

## SECTION XVI. THE HEART AND BLOOD VESSELS

applicants for enlistment. Electrocardiograms and x-rays for cardiac mensuration should be made in doubtful cases.

2164.2. **INSPECTION.**—Begin from above and go downward, with special reference to the following: condition and color of skin and mucous membranes; eyes for arcus senilis; visible pulsations of the vessels of the neck; enlargement of the thyroid gland; the shape of the chest, for any malformation which might change the normal relations of the heart; pulsations in the suprasternal notch, and in the second interspaces to right and left of the sternum; character of the precordial impulse, and the location and character of the maximum impulse, epigastric pulsations or pulsations in the hepatic region, and any pulsations or retractions in the back.

2164.3. **PALPATION.**—Palpate first for the detection of thrills over the carotids (aortic stenosis), thyroid gland (exophthalmic goiter), suprasternal notch (aneurysm), apex of heart (mitral stenosis), and at the base (aortic stenosis). Use palms of hands in palpating and use light pressure, as hard pressure may obliterate a thrill. To locate the maximum cardiac impulse, have the applicant stoop and throw his shoulders slightly forward, thus bringing the heart into the closest possible relation with the chest wall. Palpate both radial arteries at the same time for equality in rate and volume. Run the finger along the artery to note any changes in its walls. Place the palm of one hand over the heart and fingers of the other over the radial artery to see if all ventricular contractions are transmitted. Palpate to determine the degree of tension or compressibility of the pulse. In an estimate of pulse rate, the excitement of undergoing a physical examination must be considered and a rate of 90 may be considered normal, provided the heart responds normally to the exercise test. A rate of 50 or below should excite suspicion of heart block and be made the subject of further investigation. Rates of 100 or over should be investigated with a view to the exclusion of heart lesions and hyperthyroidism.

2164.4. **PERCUSSION.**—Light mediate percussion should be used. The right and left cardiac borders, as well as the diameter of the transverse arch, may be determined by percussion. In doubtful cases in which it is important to determine the actual cardiac boundaries, x-ray pictures should be taken and cardiac mensuration made.

2164.5. **MENSURATION.**—Draw a line down the midsternum, from the suprasternal notch to the tip of the ensiform cartilage. Measurements are made at right angles to this line, at the second interspace (aortic dullness), at the fourth interspace to the right for any increase in the right border, and at the fifth interspace to the left for any increase in the left border. The following measurements may be considered normal for the average young adult:

- (a) From midsternal line to right border at fourth interspace, 3 cm.
- (b) From midsternal line to left border along fifth interspace,  $8\frac{1}{2}$  cm.
- (c) The normal aortic dullness at the second interspace to the right and left of the midsternal line is  $5\frac{1}{2}$  cm.

2164.6. **AUSCULTATION.**—In auscultating the heart, the examiner

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

should bear in mind the four points where the normal sounds of the heart are heard with maximum intensity:

(a) Aortic area, second interspace to right of sternum. Here the second sound is distinct.

(b) Tricuspid area, at the junction of the fifth rib with the sternum. Here the first sound is distinct.

(c) Pulmonic area, second interspace to left of sternum. Here the second sound is most distinct.

(d) Mitral area, fifth interspace to left of sternum. Here the first sound is most clearly heard.

No auscultatory examination is to be considered complete unless the subject is examined in the upright, recumbent, and left lateral recumbent positions and after exercise, and in the different phases of respiration. The examiner should ascertain whether the applicant has had any of the following diseases: scarlet fever, diphtheria, chorea, rheumatic fever, tonsillitis, syphilis, or tuberculosis.

## 2165

**Examination after Exercise.**—Examiners will use judgment and discretion in applying the exercise test to those who present evidence of incompetency of the heart. An exercise test is required in order to determine the efficiency of the heart muscle. The applicant should be required to hop 20 times on one foot not faster than one hop per second, clearing the floor about one inch at each hop. Record pulse rate and blood pressure before exercise. Immediately after exercise, record pulse rate, and two minutes after exercise record pulse rate and blood pressure. Immediately after the exercise auscultation should be repeated with particular reference to the detection of murmurs previously inaudible. Note should be made of the degree of dyspnea and other symptoms of circulatory failure.

## 2166

**Consideration of Blood Pressure.**—In considering the blood pressure, the examiner should give due regard to the age of the applicant and to physiological causes, such as excitement, recent exercises, loss of sleep, and digestion. The condition of the arteries, the tenseness of the pulse, and the degree of accentuation of the aortic second sound must be taken into consideration, as well as the relation between the systolic and diastolic pressure. No applicant shall be rejected as a result of a single reading. When the blood pressure estimation at the first examination is regarded as abnormal, or in case of doubt, the procedure shall be repeated twice daily (in the morning and in the afternoon) for a sufficient number of days to enable the examiner to arrive at a definite conclusion. For those individuals with elevated blood pressure an average of the readings taken, with the individual as free from stress as possible, should be reported rather than the results of a single high or low reading. However, a representative sample of the highest and lowest readings shall also be recorded.

## SECTION XVI. THE HEART AND BLOOD VESSELS

## 2167

**Interpretation of Abnormal Signs and Symptoms.**—The following principles are laid down for the guidance of examiners in their interpretation of abnormal signs and symptoms. In many instances the interpretation must be purely individual and based on the cumulative evidence of a number of relatively slight deviations from normal. It should be constantly borne in mind that the excitement of the examination may produce violent and rapid heart action, often associated with a transient systolic murmur. Such conditions may erroneously be attributed to the effects of exertion; they usually disappear promptly in the recumbent posture, but the examiner must endeavor to recognize the excitable individuals to take measures to eliminate psychic influences from the test so far as possible.

## 2168

**Hypertrophy and Dilatation.**—An apex beat located at or beyond the left nipple line, or below the sixth rib, indicates an enlargement sufficient to disqualify for military service. Its cause, either valvular disease or hypertension in the majority of cases, should be sought. Clear cut radiologic evidence of heart enlargement is cause for rejection. A horizontal position of the heart must be distinguished from left ventricular enlargement. Fluoroscopy and teleroentgenography are important adjuncts in the diagnosis of enlargement of the cardiac chambers, particularly the left auricle. The left oblique position may reveal early enlargement of the latter chamber. Enlargement, however, should not be made a primary diagnosis unless careful examination fails to reveal a cause.

## 2169

**Physiological Murmurs.**—2169.1. Cardiac murmurs are the most certain physical signs by which valvular disease may be recognized and its location determined. The discovery of any murmurs demands diligent search for other evidence of heart disease. Murmurs may occur, however, in the absence of valvular lesions or other cardiac disease. Such physiological murmurs are not causes for rejection.

2169.2. The following characteristics of physiological murmurs will enable the medical examiner to differentiate them from organic murmurs:

- (a) They are always systolic in time.
- (b) They are usually heard over a small area, the most common places being over the pulmonic valve and the mitral valve.
- (c) They change with position of the body, disappearing in certain positions. They are loudest usually in the recumbent position and are sometimes heard only in that position.
- (d) They are transient in character, frequently disappearing after exercise.
- (e) They are usually short, rarely occupying all of a systole, and are soft and of a blowing quality.
- (f) There is no evidence of heart disease or cardiac enlargement.

2169.3. The most frequent types of physiological murmurs are:

- (a) Those heard over the second and third left interspaces during expiration, disappearing during forced inspiration. These are particularly common in men

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

with flexible chests, who can produce extreme forced expiration. Under such circumstances, murmurs may be associated with a vibratory thrust.

(b) Cardio-respiratory murmurs occasioned by movements of the heart against air in a part of the lung overlapping the heart. They usually vary in different phases of respiration, and at times disappear completely when the breath is held.

(c) Prolongations of the apical first sound, which are often mistaken for murmurs.

## 2170

**Pathological Murmurs.**—2170.1. This type of cardiac murmur is a cause for rejection and includes:

(a) All diastolic murmurs.

(b) Apical systolic murmurs, when persistent in both the recumbent and upright positions, when moderate in intensity, when transmitted to the axilla, and when not abolished or significantly diminished in intensity by forced breathing.

(c) Harsh systolic murmurs, heard at both apex and aortic areas, even of less than moderate intensity with diminished or absent second sound.

(d) Pulmonic systolic murmurs, blowing or rough, low pitched, of more than moderate intensity.

2170.2. Persons with a systolic murmur and a past history of rheumatic fever should be considered to have rheumatic mitral valve disease unless repeated examinations, including laboratory aids, prove the absence of organic disease.

## 2171

**Standards for Candidates for Appointment or Enlistment.**—The following conditions are causes for rejection:

(a) All valvular diseases of the heart, congenital heart disease, or pathological murmurs (par. 2170).

(b) Hypertrophy or dilatation of the heart (par. 2168).

(c) History or evidence of pericarditis, endocarditis, myocarditis, angina pectoris, coronary occlusion, or coronary atherosclerosis.

(d) A heart rate of 100 or over, or of 50 or under, when these are proved to be persistent in the recumbent posture and on observation and reexamination over a sufficient period of time.

(e) Marked cardiac arrhythmia or irregularity, or an authenticated history of paroxysmal tachycardia, or auricular fibrillation or flutter.

(f) Arteriosclerosis.

(g) Hypertension evidenced by a persistent systolic blood pressure above 150; or in a person under 25 years of age, a persistent systolic pressure of or above 140. A persistent diastolic pressure of 95 or over before or after exercise is a cause for rejection.

(h) Aneurysm of any variety in any situation.

(i) Intermittent claudication.

(j) Raynaud's disease.

(k) Thrombophlebitis of one or more extremities, if there is a persistence of the thrombus or any evidence of obstruction to circulation in the involved vein or veins.

(l) An authenticated history of rheumatic fever or chorea within the past five years, or a history of more than one attack of rheumatic fever.

(m) Arterial hypotension if it is causing, or has caused, symptoms.

## 2172

**Standards for Candidates for the Naval Academy.**—Candidates for the Naval Academy shall conform to the standards set forth

## SECTION XVIII. THE PERINEUM AND THE PELVIS

in paragraph 2171, with the exception that a persistent diastolic blood pressure of 90 or over is a cause for rejection.

## SECTION XVII. THE ABDOMEN

	Paragraph
Examination for Disease .....	2173
Observation for Uncinariasis and Malaria .....	2174
Standards for Enlistment or Appointment.....	2175

## 2173

**Examination for Disease.**—The abdomen shall be examined by inspection and palpation and, if necessary, by percussion and auscultation. When indicated, x-ray examinations and laboratory tests shall be made.

## 2174

**Observation for Uncinariasis and Malaria.**—Applicants accepted from regions in which uncinariasis or malaria is prevalent, and who present symptoms of anemia or enlargement of the spleen, shall be placed under observation for these diseases (examination of feces and blood). The same provision shall apply to the dysenteries, especially the entamebic form.

## 2175

**Standards for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) Wounds, injuries, cicatrices, or muscular ruptures of the abdominal walls sufficient to interfere with function.
- (b) Fistulae or sinuses from visceral or other lesions or following operation.
- (c) Hernia of any variety.
- (d) Large tumors of the abdominal walls.
- (e) Scar pain, if severe.
- (f) Chronic diseases of the stomach or intestines.
- (g) Gastro-enterostomy, or bowel resection.
- (h) Blood in the feces unless shown to be due to unimportant causes.
- (i) Chronic appendicitis.
- (j) Ptosis of the stomach or intestines.
- (k) Chronic diseases of the liver, gall bladder, pancreas, or spleen.
- (l) Chronic peritonitis or peritoneal adhesions.
- (m) Chronic enlargement of the liver.
- (n) Chronic enlargement of the spleen if marked.
- (o) Jaundice.
- (p) Proctitis or stricture of the rectum.
- (q) Hemorrhoids (Sec. XVIII).
- (r) Fistula in ano (Sec. XVIII).
- (s) Incontinence of feces.
- (t) Uncinariasis.

## SECTION XVIII. THE PERINEUM AND THE PELVIS, INCLUDING THE SACRO-ILIAC AND LUMBO-SACRAL JOINTS

	Paragraph
Examination for Disease .....	2176
Standards for Enlistment or Appointment.....	2177

## 2176

**Examination for Disease.**—To inspect the anal region, the examiner shall direct the applicant to bend forward from the hips

PT. II, CH. 1. PHYSICAL EXAMINATIONS

and draw apart the buttocks with both hands. Digital examination of the rectum should be performed and proctoscopy shall be used if necessary.

2177

**Standards for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) Malformation and deformities of the pelvis sufficient to interfere with function.
- (b) Disease of the sacro-iliac or lumbo-sacral joints.
- (c) Urinary fistula.
- (d) Stricture or prolapse of the rectum.
- (e) Fissure of the anus or pruritis ani.
- (f) Fistula in ano or ischiorectal abscess.
- (g) External hemorrhoids sufficient in size to produce marked symptoms; internal hemorrhoids, if large or accompanied by hemorrhage, or protruding intermittently or constantly.

SECTION XIX. THE GENITO-URINARY SYSTEM AND  
VENEREAL DISEASE

	Paragraph
Methods of Examination .....	2178
Procedure When Albumin or Casts Are Found .....	2179
Procedure When Specific Gravity Is Abnormally Low.....	2180
Procedure When Glycosuria Is Detected .....	2181
Kahn (Wassermann) Test .....	2182
Standards for Appointment of Enlisted Men to Warrant or Commis- sioned Rank and of Warrant Officers to Higher Rank.....	2183
Standards for Enlistment or Appointment.....	2184

2178

**Methods of Examination.**—Evidence of venereal disease or malformation shall be searched for. The glans penis and corona shall be exposed and the penis stripped. Both sides of the scrotum shall be palpated, as shall also the inguinal glands. The urine of all applicants for enlistment shall be examined for albumin, sugar, and specific gravity. Urinalysis, including tests for albumin, specific gravity, and sugar, and a microscopic examination of the sediment, shall be made in the case of all candidates for admission, commission, or promotion, the urine being voided in the presence of one of the examiners.

2179

**Procedure When Albumin or Casts Are Found.**—The term "albuminuria" shall not ordinarily be used as a cause for rejection, nor does its presence alone justify a diagnosis of nephritis. When albumin or casts are found in the urine the applicant should not be accepted unless he can be retained under observation. In this event, daily complete examinations of the urine should be made for at least three days, unless the presence of albumin and casts is associated with enlargement of the left heart, high blood pressure, and other evidence of cardiovascular disturbance to such a degree that a diagnosis of chronic nephritis may be made immediately. When

## SECTION XIX. THE GENITO-URINARY SYSTEM

albumin is constantly or intermittently present, the underlying pathological condition must, if possible, be determined and stated as the cause for rejection; but if albuminuria be present daily during a period of three days, it should be regarded as reason for rejection, even if the origin cannot be determined.

## 2180

**Procedure When Specific Gravity Is Abnormally Low.**—When the specific gravity of the specimen first examined is under 1.010, further observation of the applicant and repeated complete urinary examinations are indicated.

## 2181

**Procedure When Glycosuria Is Detected.**—If glucose is found in the urine, further observation is indicated, including an estimation of the 24-hour amount of urine and the employment of more than one test to demonstrate the possible existence of diabetes. When considered necessary or desirable, blood-sugar determination and blood-sugar tolerance tests should also be made.

## 2182

**Kahn (Wassermann) Test.**—2182.1. All applicants and recruits for the naval service shall be subjected to a serologic test for syphilis at such time as shall be established by competent authority.

2182.2. A persistently positive serologic reaction shall be cause for rejection. All applicants and recruits giving a positive serum reaction shall after several days be sufficiently checked, preferably by another laboratory, to assure persistence of reaction and to minimize chance of error. Care shall be exercised at the time of obtaining serum to insure that applicants neither have, nor are convalescent from, any acute infectious disease, or recent fever from any cause. The possibility of a false positive serologic test for syphilis should be considered.

## 2183

**Standards for Appointment of Enlisted Men to Warrant or Commissioned Rank and of Warrant Officers to Higher Rank.**—An applicant for warrant or commissioned rank whose medical record shows that he has had a clearly defined infection with syphilis, must have serological examinations of his blood and cerebrospinal fluid at the time of preliminary physical examination. Any clinical or serological evidence of active or latent syphilis during the past five years, or of central nervous system involvement at any time, is disqualifying for appointment.

## 2184

**Standards for Enlistment or Appointment.**—The following conditions are causes for rejection:

(a) Acute or chronic nephritis, or diabetes mellitus or insipidus, or glycosuria if accompanied by abnormal response to blood-sugar tests.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

- (b) Blood, pus, or albumin in the urine, if persistent.
- (c) Floating kidney, hydronephrosis, pyonephrosis, pyelitis, tumor of the kidney, renal calculi, or absence of one kidney.
- (d) Acute or chronic cystitis.
- (e) Vesical calculi, tumors of the bladder, incontinence of urine, enuresis, or retention of urine.
- (f) Hypertrophy or abscess of the prostate gland, or chronic prostatitis.
- (g) Urethral stricture or urinary fistula.
- (h) Epispadia or hypospadias, except for minor displacements of the urethral orifice with no impairment in function of micturition, and no symptoms of irritation.
- (i) Phimosis when prepuce is adherent in whole or in part to the glans.
- (j) Hermaphroditism.
- (k) Amputation of the penis.
- (l) Varicocele, if large and painful, or hydrocele, upon original appointment, but such conditions are not disqualifying for enlistment if correctible by surgery after enlistment.
- (m) Pronounced atrophy of both testicles or loss of both.
- (n) Undescended testicle (acceptable for enlistment if abdominal and unasociated with hernia); infantile genital organs.
- (o) Chronic orchitis or epididymitis.
- (p) Syphilis in any stage, or a clearly defined history thereof upon original commission, except as allowed in paragraph 2183. Syphilis is a cause for rejection for enlistment in the presence of cardio-vascular, cerebral, or visceral changes or active syphilis requiring treatment.
- (q) Gonococcus infections, acute or chronic (including gonorrheal arthritis), chancroids, or buboes, except in the case of personnel for enlistment who have acute uncomplicated gonorrhea.

## SECTION XX. THE EXTREMITIES

	Paragraph
Examination for Defects.....	2185
Standards for Enlistment or Appointment.....	2186

## 2185

**Examination for Defects.**—The extremities shall be carefully examined for deformities, old fractures and dislocations, amputations, partially flexed or ankylosed joints, impaired functions of any degree, varicose veins, and edema. The feet shall be especially examined for flat foot, corns, ingrowing nails, bunions, deformed or missing toes, hyperidrosis, bromidrosis, color changes, and clubfoot. When any degree of flat foot is found, the strength of the feet should be ascertained by requiring the applicant to hop on the toes of each foot for a sufficient time and by requiring him to alight on the toes after jumping up several times. To distinguish between disabling and nondisqualifying degrees of flat foot, the examiner shall consider the: extent, impairment of function, progressive or stationary nature, appearance in uniform, and presence or absence of symptoms. In this connection it should be remembered that it is usually not the flat foot condition itself which causes symptoms but an earlier state in which the arches are collapsing and the various structures are undergoing readjustment of their relationships. In reporting flat foot, angles of excursion, or limitation, and comparative measurements should be stated, and x-rays forwarded when made.

## SECTION XX. THE EXTREMITIES

2186

**Standards for Enlistment or Appointment.**—The following conditions are causes for rejection:

- (a) All anomalies in the number, the form, the proportion, and the movements of the extremities which produce noticeable deformity or interfere with function.
- (b) Atrophy of the muscles of any part, if progressive or if sufficient to interfere with function.
- (c) Benign tumors if sufficiently large to interfere with function.
- (d) Ununited fracture, fractures with shortening or callus formation sufficient to interfere with function, old dislocations unreduced or partially reduced, complete or partial ankylosis of a joint, or relaxed articular ligaments permitting of frequent voluntary or involuntary displacement.
- (e) Reduced dislocation or united fractures with incomplete restoration of function.
- (f) Amputation of any portion of a limb, except fingers or toes if there is no interference with military activities, or resection of a joint.
- (g) Excessive curvature of a long bone or extensive, deep, or adherent scars interfering with motion.
- (h) Severe sprains.
- (i) Disease of the bones or joints.
- (j) Chronic synovitis, or floating cartilage, or other internal derangement in a joint (particularly of knee joint with history of disability).
- (k) Varicose veins in an extremity when they cover a large area or are markedly tortuous or much dilated, or are associated with edema or hemorrhoids, or are accompanied by subjective symptoms.
- (l) Varices of any kind situated in the leg below the knee, if associated with varicose ulcers or scars from old ulcerations.
- (m) Chronic edema of a limb.
- (n) Chronic or obstinate neuralgias, particularly sciatica.
- (o) Deviation of the normal axis of the forearm to such a degree as to interfere with the proper execution of the manual of arms.
- (p) Adherent or united fingers (web fingers).
- (q) Permanent flexion or extension of one or more fingers, as well as irremediable loss of motion of these parts, if sufficient to interfere with proper execution of duties.
- (r) Total loss of either thumb.
- (s) Mutilation of either thumb to such an extent as to produce material loss of flexion or strength of the member.
- (t) Loss of more than one phalanx of the right index finger.
- (u) Loss of the terminal and middle phalanges of any two fingers on the same hand.
- (v) Entire loss of any finger except the little finger of either hand or the ring finger of the hand not used in writing.
- (w) Perceptible lameness or limping.
- (x) Knock-knee, when the gait is clumsy or ungainly, or when subjective symptoms of weakness are present.
- (y) Bowlegs if so marked as to produce noticeable deformity when the applicant is dressed.
- (z) Clubfoot unless the defect is so slight as to produce no symptoms during vigorous exercise.
- (aa) Pes cavus if extreme and causing symptoms.
- (bb) Flat foot when accompanied with symptoms of weak foot or when the foot is weak on test. Pronounced cases of flat foot attended with decided eversion of the foot and marked bulging of the inner border, due to inward rotation of the astragalus, are disqualifying, regardless of the presence or absence of subjective symptoms.
- (cc) Loss of either great toe or loss of any two toes on the same foot.
- (dd) Webbing of all the toes.
- (ee) Overriding or superposition of any of the toes to such a degree as will produce pain when wearing the military shoe.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

- (ff) Ingrowing toenails when marked or painful.
- (gg) Hallux valgus when sufficiently marked to interfere with locomotion or when accompanied by a painful bunion.
- (hh) Bunions sufficiently pronounced to interfere with function.
- (ii) Hammertoes when existing to such a degree as to interfere with function when wearing shoes.
- (jj) Corns or calluses on the sole of the foot when they are tender or painful.
- (kk) Hyperidrosis or bromidrosis when present to a marked degree.
- (ll) Habitually sodden feet with blistered skin.
- (mm) Unusually large or deformed feet for which proper shoes cannot be readily obtained.
- (nn) Severe fungoid infection of nail-beds.

## SECTION XXI. THE NERVOUS SYSTEM

	Paragraph
General Considerations .....	2187
The Neurological Examination .....	2188
Neurological Standards for Applicants for Enlistment and Appointment .....	2189
General Considerations in the Conduct of a Psychiatric Examination..	2190
The Psychiatric Examination .....	2191
Psychiatric Standards for Applicants for Enlistment.....	2192
Neurological and Psychiatric Standards for Candidates for Appointment .....	2193
Neurological and Psychiatric Standards for Candidates for the Naval Academy .....	2194

## 2187

**General Considerations.**—The detection of neurological and psychiatric disorders and diseases is perhaps the most difficult part of a physical examination. At the time of the examination there may be no obvious defects such as are evident in other pathological conditions. Every effort must be made to detect the mentally deficient, the temperamentally unsuited, the emotionally unstable, and those who show evidence of neurological disease. The importance and value of a thorough examination of the individual's temperamental suitability and emotional capacity to adjust to the needs of the service cannot be overestimated.

## 2188

**The Neurological Examination.**—The neurological examination shall be conducted as follows: The individual shall be examined stripped. He shall walk a straight line at a brisk pace with his eyes open, stop, and turn around. He shall then return in the same manner with his eyes closed, stop, and turn around. Look for spastic, ataxic, incoordinate, or limping gait; absence of normal associated movements; deviation to one side or the other; the presence of abnormal involuntary movements; undue difference in performance with the eyes open and closed. The individual shall then stand erect, feet together, arms extended in front. Look for unsteadiness and swaying, deviation of one or both of the arms from the assumed position, tremors, or other involuntary movements. With eyes closed, the candidate shall then touch his nose with the right and

## SECTION XXI. THE NERVOUS SYSTEM

then the left index finger. Look for ataxia, tremors, overshooting, particularly at the end of the movement. Examine joint and spine movements and muscle condition. Look for muscle atrophy or pseudo-hypertrophy, muscular weakness, limitation of joint movement, and spine stiffness. As to pupils, look for irregularity, inequality, diminished or absent contraction to light, movements of eyes, facial muscles, and tongue. Look for strabismus, ptosis, sustained nystagmus, tremors of retracted lips, asymmetry or tremors of face or tongue. Sensation shall be examined by pricking lightly each side of the forehead, bridge of nose, and chin, across the volar surface of each wrist, and dorsum of each foot. Look for inequality of sensation right and left. If these sensations are abnormal, vibration sense should be tested at ankles and wrists by tuning fork. With eyes closed, the candidate shall move each heel down the other leg from knee to ankle. Test sense of movement of great toes and thumb. Look for diminution or loss of vibration and sense of position, and ataxia. Knee jerks and plantar reflexes should be tested. When indicated, appropriate laboratory tests and x-ray examinations shall be made.

## 2189

**Neurological Standards for Applicants for Enlistment and Appointment.**—The following neurological conditions are causes for rejection:

(a) Neurosyphilis of any form (general paresis, tabes dorsalis, meningovascular syphilis).

(b) Degenerative disorders (multiple sclerosis, encephalomyelitis, cerebellar and Friedreich's ataxia, athetoses, Huntington's chorea, muscular atrophies and dystrophies of any type, cerebral arteriosclerosis).

(c) Residuals of infection (moderate and severe residuals of poliomyelitis, meningitis and abscesses, paralysis agitans, postencephalitic syndromes, Sydenham's chorea).

(d) Peripheral nerve disorder (chronic or recurrent neuritis or neuralgia of an intensity which is periodically incapacitating, multiple neuritis, neurofibromatosis).

(e) Residuals of trauma (residuals of concussion or severe cerebral trauma, posttraumatic cerebral syndrome, incapacitating severe injuries to peripheral nerves).

(f) Paroxysmal convulsive disorders and disturbances of consciousness (grand mal, petit mal, and psychomotor attacks, syncope, narcolepsy, migraine).

(g) Miscellaneous disorders (tics, spasmodic torticollis, spasms, brain and spinal cord tumors, whether operated upon or not, cerebrovascular disease, congenital malformations, including spina bifida if associated with neurological manifestations and meningocele even if uncomplicated, Ménière's disease).

## 2190

**General Considerations in the Conduct of a Psychiatric Examination.**—The detection of disorders of the personality is often most difficult, and the general fitness of the individual for military service should be considered at the end of the medical investigation. The key to the proper valuation of each individual is the knowledge that military life is rigorous, often monotonous, and makes special demands on the individual. To be effective, a man must have the

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

capacity for sustained duty in the face of separation from home, lack of privacy, extremes of climate, hunger, exhaustion, and the threat of bodily injury, and he should be judged with this in mind. It should be noted that the psychiatric standards established to determine eligibility for the naval service are of a more demanding nature than those required for most other occupations. Experience has shown that the mentally defective and unstable individuals form weak points in the military organization and often break down under stress, endangering the lives of others as well as the national security. Each examiner shall be constantly on the alert throughout his contact with the individual to detect any sign of such disorders.

## 2191

**The Psychiatric Examination.**—2191.1. The diagnosis of most psychiatric disorders depends, in the first place, upon the medical officer's estimate of the examinee's behavior and response to the situation of the examination, and in the second place, upon an adequate history, supplemented if necessary by information gathered from other sources (from the family physician, courts, hospitals, social service or welfare agencies, and others, obtained through the agency of the American Red Cross).

2191.2. Routinely, medical officers shall be on the watch for any of the following personality deviations: inability to understand and execute commands promptly and adequately, abnormal negativistic attitude, abnormal anxiety, silly inappropriate laughter, instability, seclusiveness, sulkiness, sluggishness, discontent, lonesomeness, depression, shyness, suspicion, overboisterousness, timidity, personal uncleanliness, stupidity, dullness, resentfulness to discipline, a history of nocturnal incontinence, sleeplessness or night terrors, lack of initiative and ambition, sleepwalking, recognized queerness, suicidal tendencies, either bona fide or feigned, and homosexual proclivities.

2191.3. Abnormal autonomic nervous system responses (giddiness, fainting, blushing, excessive sweating, shivering or gooseflesh, excessive pallor, or cyanosis of the extremities) are also occasionally significant. Note also the lack of such normal anxiety or autonomic responses as might reasonably be expected under the circumstances.

2191.4. Mental and personality difficulties are most clearly revealed in the examinee's behavior toward those with whom he feels relatively at ease. The most successful approach is often one of straightforward professional inquiry coupled with real respect for the individual's personality and due consideration for his feelings, which does not mean diffidence.

2191.5. The psychiatric examination shall be made out of easy hearing of other men. Matter of diagnostic significance is often concealed when the individual feels that he must be impersonal and give replies that will not impress listeners with his peculiarity.

2191.6. Questioning will begin with something that is obviously relevant to the immediate situation. The examiner tries to elicit the difficulties which the individual has been experiencing in his relationship with others in his work and in his spare time activities. The

## SECTION XXII. INDUCTEES FROM SELECTIVE SERVICE

examiner pays close attention to content and implication of everything said and to any other clues, and, in a matter of fact manner, follows up whatever is not self-evident or commonplace.

2191.7. Signs of the range of personalities usually classed as normal include: (a) Evidence of ability to get along tolerably with family, friends, casual acquaintances, authorities in school or society, employers, and fellow workers; conventional attitude toward sexual problems; sufficient intelligence to graduate from grammar school unless prevented by external circumstances; sufficient stability and ability to obtain and keep, or at least to seek, a job in civilian life or to achieve a satisfactory service record; (b) marginal intelligence, if compensated for by better than average stability; and (c) speech which can be readily understood, even though there is a moderate degree of stuttering or stammering, if the applicant is otherwise physically, intellectually, and emotionally fit.

## 2192

**Psychiatric Standards for Applicants for Enlistment.**—The following conditions are causes for rejection:

- (a) Mental deficiency.
- (b) Psychosis.
- (c) Psychoneurosis.
- (d) Psychopathic personality.
- (e) Alcoholism and drug addiction.
- (f) Primary behavior disorders of sufficient degree to indicate predisposition to more serious disorders.
- (g) History of having been committed to an institution for the care of the insane.
- (h) Endocrine disturbances that can be diagnosed by ordinary examination.

## 2193

**Neurological and Psychiatric Standards for Candidates for Appointment.**—Candidates for officer rank in the Navy, Marine Corps, and the Reserves shall be subject to the standards in paragraphs 2189 and 2192 above, except as to mentality, which shall be as prescribed in other naval regulations.

## 2194

**Neurological and Psychiatric Standards for Candidates for the Naval Academy.**—Candidates for appointment to the Naval Academy shall meet the provisions of paragraph 2193 above.

## SECTION XXII. INDUCTEES FROM SELECTIVE SERVICE

Paragraph

Physical Standards for Inductees..... 2195

## 2195

**Physical Standards for Inductees.**—The physical requirements and standards for inductees are contained in "Standards of Physical

PT. II, CH. 1. PHYSICAL EXAMINATIONS

Examination During Mobilization," (MR1-9, Oct. 15, 1942) and approved variations published in Recruiting Circular Letter No. 1-44, January 8, 1944. These standards and also a summary of the physical standards for the various classes of the Navy and Marine Corps, the Naval Reserve, the Marine Corps Reserve, and the Women's Reserve, are contained in NAVMED-216. Subsequent changes in physical requirements for inductees have been made by MR1-9, April 19, 1944, and Recruiting Circular Letter No. 11-44, June 22, 1944.

SECTION XXIII. PHYSICAL STANDARDS FOR WOMEN

	Paragraph
General .....	2196
Height and Weight .....	2197
Eyes .....	2198
Teeth .....	2199
Kahn and X-Ray Examinations .....	21100
Special Provisions .....	21101
Original Examination of Applicants for the Nurse Corps.....	21102

2196

**General.**—Applicants for enlistment or commission in the Women's Reserve and applicants for the Nurse Corps and the Naval Reserve Nurse Corps shall be subject to the physical requirements detailed in Sections IV-XXII of this chapter, wherever applicable, except for variations provided for in paragraphs 2197 through 21101.

2197

**Height and Weight.**—2197.1. The weight is taken with clothing but without shoes. The following weights are considered standard and include an estimated weight of 3 pounds for clothing.

Height (inches)	Ages and weights							
	20-22	23-24	25-29	30-34	35-39	40-44	45-49	50 and over
60.....	110	112	115	117	120	123	126	128
61.....	112	114	116	119	122	126	129	131
62.....	114	116	118	121	125	130	132	135
63.....	118	120	122	125	129	133	136	140
64.....	120	123	125	128	132	136	140	143
65.....	123	126	129	133	137	141	145	147
66.....	126	130	133	137	141	144	149	151
67.....	129	133	137	141	145	148	152	155
68.....	134	138	141	145	149	153	156	159
69.....	138	142	145	149	153	157	161	164
70.....	143	145	149	153	157	161	165	168

The table is given to show what is regarded as a fair standard of physical proportions and not as an absolute guide to be followed in accepting or rejecting applicants. A variation of 15 pounds (not to fall below a weight of 95 pounds for members of the Women's Reserve and 100 pounds for Nurse Corps officers) below

## SECTION XXIII. PHYSICAL STANDARDS FOR WOMEN

the standard given in the table is admissible when the applicant is active and evidently vigorous and healthy and the weight is in proportion to general body build.

2197.2. The minimum height for acceptance is 60 inches. The minimum weight acceptable is 95 pounds for members of the Women's Reserve and 100 pounds for officers of the Nurse Corps, but weight must be in proportion to general body build, except that in the case of Nurse Corps officers, U. S. Naval Reserve, overweight and underweight will be considered for waiver providing the applicant is especially desirable.

## 2198

**Eyes.**—Candidates for the Nurse Corps, U. S. Navy and U. S. Naval Reserve, and for appointment as officers in the Women's Reserve, must possess visual acuity of not less than 12/20 in each eye, capable of correction to 20/20 each eye. Candidates for enlistment in the U. S. Naval Reserve must possess a binocular vision of not less than 12/20, with visual acuity of not less than 6/20 in the worse eye, and capable of correction to 20/20 each eye, except that defective vision not due to organic disease and correctible to 20/20, may be waived.

## 2199

**Teeth.**—Candidates for appointment in the Women's Reserve must possess a minimum of 18 vital teeth with 2 molars opposing on each side of the dental arch and 4 opposing incisors and without wide edentulous spaces. Candidates for appointment to the Nurse Corps must meet the dental standards prescribed for other officers (par. 2151). Candidates for appointment in the Naval Reserve Nurse Corps must have missing teeth replaced with satisfactory bridges or dentures. For enlistment in the Women's Reserve, the applicant must possess sufficient teeth for satisfactory biting and mastication.

## 21100

**Kahn and X-Ray Examinations.**—In addition to other requirements, an applicant for or member of the Women's Reserve and the Nurse Corps and Naval Reserve Nurse Corps shall be given a Kahn test and an x-ray examination of the chest either at the time she is examined to determine her physical fitness for enlistment or appointment, or at the time of her examination to determine her physical fitness for active duty. An applicant for appointment or enlistment who shows repeatedly positive reactions to the Kahn test shall be rejected. A member of the service who shows repeatedly positive reactions to the Kahn test after enlistment or appointment shall be recommended for discharge. X-ray of the chest shall be conducted and reports forwarded to the Bureau. Medical officers who examine applicants for enlistment or appointment shall enter in the Health Record of each accepted applicant which of these examinations has

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

been completed as part of the examination for appointment or enlistment, together with the findings.

## 21101

**Special Provisions.**—21101.1. The following conditions peculiar to the female shall be cause for rejection: history or evidence of chronic cystic disease of the breast or of nodules of undetermined origin; history of abnormality of the menstrual cycle, particularly disabling dysmenorrhea, and amenorrhea unless determined to be the result of natural or artificial menopause.

21101.2. The physical examination for enlistment or appointment and for active duty shall include inspection of the external genitalia. The condition of the pelvic organs shall be determined as part of the examination for enlistment or for active duty by either vaginal or rectal bimanual palpation as may be appropriate. An applicant for enlistment or appointment in whom inspection discloses an acute infectious process or congenital anomalies of clinical significance shall be rejected. A member of the service in whom inspection discloses an acute infectious process during her examination for active duty shall be studied to determine the cause. Should this condition be amenable to treatment without loss of time from her training and be considered not a menace to her associates, she shall be placed under treatment; otherwise she shall be recommended for discharge. Should examination of the pelvic organs disclose conditions which are considered likely to interfere with her performance of duty or to require surgical intervention, the individual shall be rejected if the condition is discovered during her examination for enlistment or appointment or she shall be recommended for discharge if discovered during her examination for active duty.

## 21102

**Original Examination of Applicants for the Nurse Corps.**—The physical fitness of applicants for admission to the Nurse Corps shall be ascertained by a thorough physical examination made, when practicable, by an officer of the Medical Corps of the Navy. When this would require the applicant to make an unreasonably long journey, however, the nurse may be authorized by the Bureau to have a civilian physician conduct her physical examination. Whenever the preliminary examination for appointment is not conducted by a naval medical officer, the Surgeon General will direct the senior medical officer at the station to which the Nurse Corps officer is ordered to duty to have a physical examination held prior to her being assigned to any duty. Should the Nurse Corps officer fail at this time to meet the physical requirements of the service, she shall be reported to the Bureau and orders requested for the Nurse Corps officer to return to her home. Should the findings of the preliminary physical examination be confirmed and the Nurse Corps officer be found physically qualified, she may be assigned to duty at once. (Nurse Corps officers being detached for duty outside the continental United States shall be examined according to the provisions of paragraph 21108.)

## SECTION XXIV. SPECIAL EXAMINATIONS

## SECTION XXIV. SPECIAL EXAMINATIONS

	Paragraph
Roentgenographic Examination of Chests of Navy and Marine Corps Personnel .....	21103
Annual Physical Examination of Commissioned and Warrant Officers..	21104
Annual Physical Examination of Midshipmen .....	21105
Annual Physical Examination of Nurse Corps Officers .....	21106
Special Physical Examination of Officers .....	21107
Examination Prior to Detachment for Duty Outside the Continental Limits .....	21108
Physical Examination of Officers for Permanent Promotion .....	21109
Physical Examination of Officers Prior to Resignation, Discharge, Dismissal, or Retirement for Age or Failure of Promotion .....	21110
Physical Examination of Applicants for Temporary Appointment to Commissioned or Warrant Rank from Among Personnel of the Active List, the Fleet Reserve, and the Fleet Marine Reserve.....	21111
Physical Examination of Applicants for Temporary Appointment to Commissioned or Warrant Rank and for Active Duty from Among Retired Enlisted Personnel .....	21112
Physical Examination of Commissioned and Warrant Officers Designated for Temporary Promotion .....	21113
Physical Examination of Retired Commissioned and Warrant Personnel Designated for Temporary Promotion .....	21114
Physical Examination of Retired Officers on Detail to Active Duty...	21115
Special Physical Examinations of Officers of the Nurse Corps.....	21116
Physical Examination of Deserters .....	21117
Physical Examination of Enlisted Men Prior to Discharge or Retirement .....	21118
Functions of Psychiatric Units and Aptitude Boards .....	21119
Physical Examination of Prisoners .....	21120
Physical Examination of Enlisted Men Selected for Duty to Attend a Service School .....	21121
Physical Examination of Enlisted Men Prior to Transfer to Shore Duty Outside the Continental Limits .....	21122
Physical Examination of Applicants for the Rating of Steward's Mates .....	21123
Dental Examination of Men Assigned to Recruiting Duty.....	21124
Examinations for Ratings of Gun Pointer, Spotter, Range-Finder Operator, and Antiaircraft Gunner .....	21125
Special Requirements for Lookouts .....	21126
Special Requirements for Signalmen .....	21127
Special Requirements for Sonarmen .....	21128
Special Requirements for Control Tower Operators (Specialists).....	21129
Special Requirements for Other Specified Ratings.....	21130
Physical Requirements for Certain Navy Rates and Duties for Women Enlisted Personnel Examined for Assignment as Buglers, Fire Controllers, Range-Keeper Operators, Spotters, and Torpedo Data Computers .....	21132
Physical Examination of Officers and Enlisted Men for the Submarine Service .....	21133
Physical Examination for Training in, or for Continuance in, Deep-Sea Diving, and for Training in Simulated Deep-Sea Diving and the Use of Rescue Apparatus .....	21134
Physical Standards for Motor Torpedo Boat Training and Duty.....	21135
Physical Examinations of Civil Employees .....	21136

**Roentgenographic Examinations of Chests of Navy and Marine Corps Personnel.**—21103.1. Whenever practicable roentgenographic examination of the chest shall be made as a part of the physical examination to determine physical fitness for original entry into the service and for active duty, and of candidates for entrance to the

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

Naval Academy as midshipmen or candidates for officer training, either as a part of the examination to determine their fitness for training or upon reporting to the school. If it is impracticable to obtain the roentgenographic examination or to have the examination read or to send the examination with the NAVMED-Y (Report of Physical Examination), a statement to this effect shall be made on the NAVMED-Y with an explanation of why it was impracticable, and a request that roentgenographic examination be obtained if and when the applicant reports for duty. The following entry shall be made on the NAVMED-H-8 (Medical History sheet) of the individual concerned: "Chest x-ray study has not been conducted in this case. It is to be conducted at the first opportunity and a report thereof forwarded to the Bureau." A recruit who has received roentgenographic examination of the chest during his physical examination for enlistment or induction with negative findings does not require another roentgenographic study upon arrival at a naval training station or Marine recruit depot.

21103.2. Chest examinations of personnel on active duty under the age of 30 shall, if practicable, be made at least once a year. Personnel of any age who have x-ray findings of possible future significance shall receive this examination every six months, where possible, using 14 x 17 inch film. Personnel presenting evidence of pulmonary tuberculosis which is considered to be of present clinical significance are not to be retained on active duty, although evidence of pulmonary tuberculosis of no present significance, particularly when discovered during the course of treatment for some intercurrent condition or during routine examinations, is not a cause for separation from the service.

21103.3. Roentgenographic examination of the chests of all naval and Marine Corps personnel shall be made and the interpretation entered in the Health Record during the physical examination at the time of release from active duty or discharge from the service, except discharges for immediate reenlistment or release from active duty with a view to immediate recall to active duty, unless such examination has been made and the interpretation entered in the Health Record during the previous six months.

21103.4. All naval and Marine Corps activities with the necessary x-ray equipment shall be considered as available for these examinations, and whenever practicable, the examinations shall be made by the photofluorographic technique for conservation of film. Photofluorographic units are located in the navy yards for the examination of the personnel of naval vessels and naval personnel of the yard, and at other shore stations where the number of such examinations is sufficiently great. The equipment and personnel of each photofluorographic unit will be adequate to examine 125 to 150 persons an hour.

21103.5. Individuals in whom the photofluorographic film discloses abnormal conditions shall be reexamined by means of a 14 x 17 inch film prior to final action in their cases. Transfer to a naval hospital solely for this reexamination is not necessary if means for obtaining it are otherwise available. When individuals are not

## SECTION XXIV. SPECIAL EXAMINATIONS

available for reexamination, their commanding officers shall be notified and a reexamination made at the first opportunity.

21103.6. The results of roentgenographic examinations of the chest shall be recorded and forwarded as follows:

(a) *Laboratory Log*.—An accurate log of photofluorographic examinations of the chest shall be kept by the station at which the examinations are made. This record shall contain the name in full, service number, and date and place of birth of the individual examined, the date the examination was made, the number of the film, the interpretation, and the name of the roentgenologist. This log shall be initialed daily by the medical officer in charge of the unit, who shall be responsible for the accuracy of the entries. The data on the log can be used to record examinations on NAVMED-H-8 (Medical History sheet) of the Health Record. In the case of mobile photofluorographic units, the log for each station shall be left with the station where the examinations were made. In the case of stationary photofluorographic units, the log used for the examination of the personnel of another ship or station shall be retained where the examinations were made.

(b) *Identification of Film*.—Upon each film must appear the following data:

(1) Station symbol of the station on which the examination is made, as listed in the *Navy Filing Manual*.

(2) The film number.

(3) The date.

*Example:*

(1)	(2)	(3)
NY1-99,999		3-5-45

In addition to the above, mobile photofluorographic units shall enter the symbol of the unit. In order that films filed in rolls may be quickly found upon request, it is essential that all photofluorographic film be numbered in consecutive numerical order. This will necessitate a change in the numbering system used in a small minority of the stations. Numbering should progress from 1 to 99,999, and then repeat. When 14 x 17 inch films are made, the same data shall be entered, and whenever possible, the same film number should be used which appears on the corresponding photofluorogram.

(c) *Health Record*.—The place, date, film number, and report of the interpretation shall be entered on NAVMED-H-8 (Medical History sheet) of the Health Record. The station and film number mentioned above must be entered without fail, for without this information the film cannot be located in the files.

(d) *Forwarding*.—Films shall be forwarded to the Bureau as follows:

(1) *At Naval Activities Other Than Naval Recruiting Stations and Armed Forces Induction Centers*.—All 35 mm. photofluorographic film shall be joined together in a continuous roll for each mass examination or for each period of time covered. In this connection, splicing should be done with a view to permitting ready passage of the finished roll through the viewer. Splicing is easily done by scraping the emulsion from a narrow strip at the ends of the strips of film and using acetone as the adhesive. Films which show positive findings, or which are considered to be technically unsatisfactory, shall be left in the roll. Technically unsatisfactory films shall be defaced by crossed lines made

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

with a colored wax pencil or other means. The roll shall be forwarded to the Bureau for review, together with individual reports of all 14 x 17 inch x-ray examinations made for persons whose photofluorograms are in the roll. In addition there shall be submitted a Report of Photofluorographic Chest Survey (NAVMED-618) as prescribed by paragraph (e) below.

The roll of films, the reports of 14 x 17 inch films, and the Report of Photofluorographic Chest Survey shall be forwarded to the Bureau in one package addressed, "Attention of Tuberculosis Control Section." Shipment may be made weekly or semimonthly in the case of routine examinations for personnel on the station. When a mass survey is made for another ship or station the film and reports for each survey shall be forwarded separately and expeditiously.

Four- by five-inch photoroentgenograms shall be forwarded to the Bureau for review. They need not be joined into a roll, but shall be placed in consecutive numerical order. They should be forwarded at the intervals, and accompanied by the required reports, above. Upon completion of the review, the films will be returned to the station for filing. They shall be filed for a minimum period of four years, available upon request.

Fourteen- by seventeen-inch roentgenographic film shall not be forwarded to the Bureau, but shall be filed at the station where the examinations were made for a period of not less than four years. An individual report for each person so examined shall be forwarded for file and shall contain the date and place of examination, the name of the examinee in full, the service number, the date and place of birth, the interpretation, the signature of the roentgenologist, disposition of the case, and the station symbol and number of the corresponding photofluorogram when one has been made.

(2) *Examinations Made Under Contract.*—When roentgenological examinations of the chest are made under contract, such film shall be interpreted by a naval medical officer and the disposition of films and reports shall be made as above. Such films should not be forwarded to the Bureau until the interpretations have been recorded and the reports prepared.

(3) *At Naval Recruiting Stations and Armed Forces Induction Centers.*—Roentgenographic films of the chest of individuals examined at naval recruiting stations and armed forces induction centers shall be securely stapled to the copy of NAVMED-H-2 (Physical Examination) and forwarded to the Bureau for filing.

(e) *Report of Photofluorographic Chest Survey.*—A report shall be forwarded to the Bureau with each roll or package of films described above. The following form (NAVMED-618) shall be used:

MEDICAL DEPARTMENT, U. S. NAVY  
PHOTOFLUOROGRAPHIC CHEST SURVEY

Photofluorogram #..... to..... Date.....  
A. STATION (SHIP) .....  
Station complement .....  
Number requiring photofluorogram .....  
Number examined by photofluorogram .....  
Number re-examined because of technically unsatisfactory film.....  
Number re-examined by 14 x 17 roentgenogram .....  
Number disqualified or referred for further clinical study.....

Tuberculosis .....

Other (itemize) .....

(Note): Include Section B when the survey includes the enrollment of a school.

## SECTION XXIV. SPECIAL EXAMINATIONS

B. NAME OF SCHOOL .....  
 School enrollment .....  
 Number requiring photofluorogram .....  
 Number examined by photofluorogram .....  
 Number re-examined because of technically unsatisfactory film.....  
 Number re-examined by 14 x 17 roentgenogram .....  
 Number disqualified or referred for further clinical study.....

Tuberculosis .....

Other (itemize) .....

.....  
 (MC), USN  
 .....

## 21104

**Annual Physical Examination of Commissioned and Warrant Officers.**—21104.1. Officers on active duty shall be examined annually in accordance with existing instructions. Conservation and promotion of health is the principal object of the annual physical examination and, for officers detailed to duty involving flying, the determination of the individual's fitness to perform all the duties of his grade in aviation.

21104.2. The examination shall be thorough, and, in deviations from the normal, medical examiners shall employ all recognized diagnostic procedures at their command in an effort to determine the character of incipient or obscure physical or mental defects which impair, or which may develop into conditions which will impair, the health and usefulness of the officer being examined. When such abnormalities are discovered, the examining officer shall make suitable recommendations for the institution of corrective measures. In arriving at a decision as to whether a defect or a combination of defects disclosed by the examination permanently incapacitates for service, medical examiners shall carefully consider the age and grade of the officer concerned and the duties which normally would devolve upon him. Naval aviation personnel shall be examined in accordance with Section XXV.

21104.3. The physical requirements shall be the same as those prescribed for the examination of officers for promotion (par. 21109).

21104.4. The examination shall be conducted by a board of medical officers appointed in accordance with current instructions. Whenever practicable, the board shall include an internist, an eye, ear, nose, and throat specialist, and a dental officer. At least one member of a board of medical officers appointed to examine aviation personnel shall be qualified in aviation medicine.

21104.5. **VISION.**—The vision shall be tested in a good light and defects (hyperopia, myopia, astigmatism, etc.) shall be recorded.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

If possible, the prescription for lenses necessary to correct errors of refraction shall also be recorded.

21104.6. COLOR PERCEPTION.—As the Edridge-Green Lamp or the S6-690 Lantern is the qualifying test after original appointment, no recommendation shall be made in the case of officers failing to pass the A. O. C. test until checked with one of the two standard lamps. If the officer is unable to pass this test he shall be reported as failing to pass the lamp test and considered color blind (par. 2125).

21104.7. CARDIOVASCULAR EFFICIENCY TEST AND BLOOD PRESSURE DETERMINATION.—These determinations shall be reached in accordance with the current instructions issued by the Bureau.

21104.8. TEETH.—The chart on NAVMED-Y or NAVMED-Av-1 shall be used to note reparative dental procedures, dentures, replacements, etc. Dental cases shall be classified in conformity with the provisions of paragraph 2231.

21104.9. All specimens of urine shall be examined microscopically and all abnormal findings, such as casts, pus cells, or red-blood cells, noted in the report. Albumin in the urine will ordinarily be determined by the nitric acid or heat test. If other tests are used, it shall be so stated in the report. The Fehling or Benedict test shall be used for the detection of sugar in the urine. When the urine is positive for albumin or sugar, a series of tests shall be made on different days and the results of each noted on NAVMED-Y and in the officer's Health Record.

21104.10. Temporary and unimportant abnormalities shall be thoroughly investigated before adverse reports are forwarded. Entries for physical conditions which are nonsymptomatic and not interfering in any measure with the officer's present or prospective fitness for duty, such as flat feet, varicocele, slight varicose veins, slight deviation of the nasal septum, and slight hemorrhoidal tags, shall be noted but not recorded as disqualifying defects.

21104.11. In case of doubt as to physical fitness at the time of examination, the examiner shall place the officer or warrant officer under observation for such period as may be necessary to enable the board to make supplementary examinations and to reach a definite conclusion. If suitable facilities are not available for such observation on the ship or station to which he is regularly attached, the officer should be transferred to a naval hospital at the first opportunity.

21104.12. When a manifest disability exists, the medical officer or officers conducting the examination shall follow the procedure outlined in Article 1195 (2), *Navy Regulations*, and in current Bureau instructions.

21104.13. The report of the board shall contain full details of the observations made, conditions found, and recommendations pertaining thereto. If any physical abnormality be found which is particularly likely to develop into a physical disqualification, detailed statement to that effect shall be entered on the report of the examination, and by letter to the individual's commanding officer, together with recommendations for such corrective or remedial measures as may be

## SECTION XXIV. SPECIAL EXAMINATIONS

considered necessary with a view to improving the physical fitness of the individual concerned.

21104.14. All defects discovered which are regarded as sufficient to impair the examinee's ability to perform his duties shall be recorded. In such cases the board of medical officers shall make a definite recommendation on the NAVMED-Y that the individual is not physically qualified to perform all his duties at sea, or for officers of the U. S. Marine Corps, at sea and in the field. Duplicate copies may be made when the officer being examined desires a copy. The Bureau desires only the original NAVMED-Y (or duplicate copies of NAVMED-Av-1). The officer's file number should be entered in the space immediately following his name. The information contained in these reports shall not be furnished other than to the person examined, and shall not be shown to anyone outside of the examining board, except for official purposes, or when official action may have to be taken, such as to send the person being examined to a naval hospital for observation or treatment. These reports, however, shall not be forwarded as classified mail. Reports on aviation personnel shall be submitted, in duplicate, on NAVMED-Av-1, and the officer's file number should be entered in the space immediately following his name.

21104.15. In those cases where it is necessary to submit a NAVMED-Y to the Bureau, the NAVMED-H-8's shall be attached thereto. (See par. 2221.4.)

## 21105

**Annual Physical Examination of Midshipmen.**—This examination shall be held in accordance with the regulations governing the Naval Academy and at such time as may be determined by the superintendent.

## 21106

**Annual Physical Examination of Nurse Corps Officers.**—This physical examination shall follow the same procedure as that prescribed for other officers.

## 21107

**Special Physical Examination of Officers.**—A special board of medical examiners may be convened when an officer who becomes eligible for consideration by a selection board for promotion has, since the last examination for promotion, been subjected to severe illness or major operation or whose medical record in the grade he actually holds shows that a chronic disease or disability may exist, or that restoration to health from a previous disease or disability has not been complete. The special board shall be ordered only at the request of the officer concerned and shall submit a report as indicated in Section 862, *Naval Courts and Boards*. A report on NAVMED-Y shall also be forwarded to the Bureau.

## 21108

**Examination Prior to Detachment for Duty Outside the Continental Limits.**—21108.1. Officers ordered for duty outside the con-

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

continental limits shall be given a complete physical examination prior to detachment. If the wording of orders is such that there is not sufficient time available to accomplish this physical examination, the commanding officer shall endorse the orders to that effect, stating the reason the officer was not physically examined. A flight physical examination shall be given to aviators. The results of such examinations shall be entered in the officer's Health Record. In determining an individual's physical fitness for transfer to duty outside the continental limits, the effect of any physical incapacity which may be found should be evaluated and considered in relation to his age, experience, motivation, and the type of duty to which he may be assigned. Should defects be discovered which are considered sufficient to impair the officer's ability to perform the duties to which he is being assigned, the medical officer shall report the findings to the commanding officer, who shall immediately notify the Bureau of Naval Personnel, making appropriate recommendations. The findings shall be forwarded to the Bureau on NAVMED-Y, except that in the case of aviators who are found unfit or for whom a change in service group is indicated, NAVMED-AV-1 shall be used.

21108.2. For the purpose of this examination, defects which were waived in the case of Reserve officers at the time of original appointment shall not be considered disqualifying unless substantial changes in the defects have occurred.

## 21109

**Physical Examination of Officers for Permanent Promotion.—**

21109.1. Boards of medical examiners shall exercise their own judgment in making recommendations as to the physical qualifications of officers of the Navy and Marine Corps who are candidates for permanent promotion (Sec. 864, *Naval Courts and Boards*). Careful consideration should be given to candidates presenting physical defects which, from the evidence at hand, have not interfered with the proper performance of duty. This applies particularly to dental defects and defects of vision and hearing. Whenever it is the opinion of the medical examiners that any defect which is discovered will not interfere with the proper performance of unlimited active duty consistent with the rank and age of the officer concerned, he shall be reported by them as physically qualified for promotion. All deviations from the normal shall, however, be noted. Blood pressure and pulse readings before and after exercise shall be recorded.

21109.2. The report shall be rendered in accordance with Section 883, *Naval Courts and Boards*. A report shall also be made on NAVMED-Y and the original forwarded direct to the Bureau (pars. 21116 and 21146).

## 21110

**Physical Examination of Officers Prior to Resignation, Discharge, Dismissal, or Retirement for Age or Failure of Promotion.**—In general, the type of examination to be given is that prescribed for enlisted men prior to discharge or retirement (par. 21118) except that officers, not including midshipmen, shall appear before a board

## SECTION XXIV. SPECIAL EXAMINATIONS

of medical examiners. The examination may be conducted at a naval hospital if the officer so elects. The report on NAVMED-Y shall be submitted to the Bureau, and the results of the examination entered in the Health Record. Whenever physical defects are discovered which may have serious import, the officer shall be transferred to a naval hospital for medical survey. A report on NAVMED-M shall be submitted to the Bureau on all general service personnel not physically qualified for duty at sea or on a foreign shore, special service personnel who are not physically qualified for duty ashore, and all personnel of the retired list not physically qualified for the duties assigned. This is considered necessary for the protection of individual officers and their dependents as well as the Government.

## 21111

**Physical Examination of Applicants for Temporary Appointment to Commissioned or Warrant Rank from Among Personnel of the Active List, the Fleet Reserve, and the Fleet Marine Reserve.**—21111.1. Each recommendation for appointment to commissioned or warrant rank from among personnel of the active list, the Fleet Reserve, and the Fleet Marine Reserve must be accompanied by a report of physical examination in duplicate conducted by at least one medical officer. The report shall be made on NAVMED-Y or, when appropriate, on NAVMED-AV-1.

21111.2. In examining applicants for appointment to commissioned or warrant rank, medical officers should pay particular attention to the provisions of paragraphs 213, 216, 217, 218, 219, 2113, 2118, 2124, 2125, 2130, and 2137 of this chapter.

21111.3. In general, no recommendation shall be submitted unless the individual concerned is reported fully qualified physically to perform all the duties of the rank for which he is being considered. This, however, shall not operate to prevent the submission of recommendations in unusual circumstances when the designee possesses sufficiently outstanding attributes to warrant special consideration for waiver of physical defects (Sec. 867, *Naval Courts and Boards*).

21111.4. The reports of physical examination shall be referred to the Bureau for review and consideration in connection with the medical histories of the personnel concerned.

21111.5. Waivers will not be recommended in the cases of those individuals who do not meet the requirements of paragraph 2183.

## 21112

**Physical Examination of Applicants for Temporary Appointment to Commissioned or Warrant Rank and for Active Duty from Among Retired Enlisted Personnel.**—The same procedure shall be followed as set forth in paragraph 21111 above except that physical fitness to perform all the duties ashore of the rank or grade for which recommended shall be the sole basis for determining physical fitness for original appointment. Reference should be made to paragraph 21111.2 above.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

## 21113

**Physical Examination of Commissioned and Warrant Officers Designated for Temporary Promotion.**—21113.1. Prior to temporary promotion, commissioned and warrant officers shall be examined by at least one medical officer to determine their physical fitness. If no medical officer is available to conduct the examination within a period of one month following receipt of promotion authority, however, the physical examination may be waived provided the appointee was apparently qualified physically on the date appointment was made by the President. It may also be waived in the event the appointee has suffered wounds in the line of duty subsequent to the date the appointment was made by the President and it was not practicable to conduct an examination prior to the date the appointee suffered such wounds.

21113.2. No individual shall be temporarily promoted unless physically qualified to perform all the duties of the grade or rank for which he is designated, except as provided in paragraph 2116 and except, further, that special service officers of the Naval Reserve and Marine Corps Reserve may be temporarily promoted if physically qualified for active duty.

21113.3. Previous waivers of physical defects for appointment and, in the cases of reserve officers, for call to active duty, shall be considered as continuing in effect for purposes of temporary promotion provided that the degree of the defect has not materially increased.

21113.4. Should the examining medical officer find the candidate physically qualified, he shall so report to the commanding officer. The report of physical examination shall be forwarded in duplicate to the Bureau with the following entered under the heading "Purpose of This Examination:—" "Physical Examination for Temporary Promotion, for Record Purposes Only."

21113.5. Should the examining medical officer find that the individual does not meet the physical qualifications or that the degree of a previously waived defect has materially increased, he shall find the individual not physically qualified for promotion and shall forward the report of physical examination to the Bureau with a letter of transmittal and at the same time inform the Bureau of Naval Personnel or the Commandant, U. S. Marine Corps, as appropriate, of this action. The Bureau will consider the report of physical examination and the medical history of disqualified personnel and make recommendations to the Bureau of Naval Personnel or Commandant, U. S. Marine Corps, who will in turn take the necessary action.

21113.6. Personnel of any class under treatment in a hospital or on sick leave shall be considered not physically qualified for temporary appointment or promotion. (Reference should also be made to paragraph 2116 above.)

21113.7. Medical officers examining commissioned and warrant officers for temporary promotion shall pay special attention to the provisions of paragraphs 217, 2113, 2116, 2124, 2125, 2130, and 21109 in this chapter.

## SECTION XXIV. SPECIAL EXAMINATIONS

## 21114

**Physical Examination of Retired Commissioned and Warrant Personnel Designated for Temporary Promotion.**—21114.1. In the cases of retired commissioned and warrant personnel designated for temporary promotion, the provisions of paragraph 21113 shall govern, except that physical fitness to perform the duties assigned shall be the basis for satisfactory examination. In all examinations the medical examiner shall give due consideration to the current Health Record of the candidate.

21114.2. Personnel of any class under treatment in a hospital or on sick leave shall be considered not physically qualified for temporary appointment or promotion. (Reference should also be made to paragraph 2116 above.)

## 21115

**Physical Examination of Retired Officers on Detail to Active Duty.**—Upon detail of a retired officer to active duty he should be examined physically by a medical officer at the first opportunity. The medical officer shall render a report on NAVMED-Y in duplicate and shall certify that there is or is not a disability which is likely to incapacitate the officer for the duties which will be required of him.

## 21116

**Special Physical Examinations of Officers of the Nurse Corps.**—21116.1. Nurse Corps officers shall be examined at the expiration of their probationary period in accordance with the requirements of Section XXIII above (par. 146).

21116.2. Before a member of the Nurse Corps is ordered to a station beyond the continental limits of the United States, a physical examination to determine her fitness for such service shall be held.

21116.3. Before a Nurse Corps officer leaves her station for release from active duty, a physical examination shall be held. If serious physical disability is found, the officer must be examined by a board of medical survey before being released from active duty.

21116.4. Reports of examinations of Nurse Corps officers shall be forwarded to the Bureau on NAVMED-Y, and on NAVMED-M when indicated.

## 21117

**Physical Examination of Deserters.**—21117.1. The physical examination of a deserter shall conform to the standards prescribed for entrance into the Navy, with special reference to his mental condition including, if possible, an examination by a psychiatrist.

21117.2. The medical officer making the examination shall furnish the commanding officer a report thereof, including a statement of the nature and cause of any mental or physical disability found.

## 21118

**Physical Examination of Enlisted Men Prior to Discharge or Retirement.**—21118.1. Every enlisted man on active duty not dis-

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

charged for physical disability shall be given a thorough physical examination by a medical officer prior to his discharge or retirement from active service. Whenever practicable, each man should be examined by two medical officers and a dental officer. A careful note of all physical defects, however trivial, and other data shall be made in the Health Record. NAVMED-Y shall be submitted to the Bureau except when personnel being discharged are to be immediately reenlisted. If a physical disability is found which is sufficient to disqualify the individual for reenlistment or for continuation in the service, or if a "Special Assignment" enlisted person has incurred a disqualifying disability, he must be examined by a board of medical survey before discharge or release from active duty.

21118.2. The nature and location of any defect, wound, injury, or disease shall be stated in the Health Record, and in the report of medical survey when indicated, together with the opinion of the medical officer as to whether the wound, injury, or disease is likely to result in death or disability, was due to misconduct while in the service, and was incurred in, or aggravated by, service (par. 3319.9).

21118.3. When an enlisted man of the Navy is examined for transfer to the Fleet Reserve, a report of the physical examination shall be submitted to the Bureau. If the man is physically qualified for duty at sea this report shall be submitted on NAVMED-Y, but if the man is not physically qualified for duty at sea this report shall be submitted on NAVMED-M. (See, also, par. 2215.5.)

## 21119

**Functions of Psychiatric Units and Aptitude Boards.—21119.1. GENERAL.**—Psychiatric Units and Aptitude Boards are established at naval training stations for the detection and elimination of psychiatrically and neurologically unfit recruits. "Recruits," in this connection, shall be understood to include all newly enlisted or inducted personnel without previous naval service who are undergoing and have not yet completed recruit training.

21119.2. **PSYCHIATRIC UNIT.**—The Psychiatric Unit is a part of the medical organization of the command, and is composed of psychiatrists, psychologists, hospital corpsmen, and Red Cross psychiatric social workers. The Psychiatric Unit shall function as a professional advisory and consultant organization to which psychiatric problems arising among the recruits shall be referred and which is charged with the responsibility of selecting cases for review by the Aptitude Board.

21119.3. **COMPOSITION OF THE APTITUDE BOARD.**—The Aptitude Board is permanently convened by the commandant or commanding officer of the training station and consists of a line officer, a medical officer, two medical officers who qualify as psychiatrists, and one psychologist. In an emergency, when sufficient personnel are not available, the Aptitude Board shall consist of not less than one line officer, one medical officer, and one medical officer who is qualified as a psychiatrist.

21119.4. **FUNCTIONS OF APTITUDE BOARD.**—It shall be understood

## SECTION XXIV. SPECIAL EXAMINATIONS

that the functions of the Aptitude Board are distinct from those of the Psychiatric Unit. The Board shall consider the cases of recruits referred to it by the Unit. The Board shall not make medical diagnoses, and no statement of its impressions is to be entered in the Health Record. After weighing the medical evidence submitted by the Unit, the Board may recommend to the commandant or commanding officer that the recruit (1) be discharged from the service or (2) be returned to duty. No recruit shall be recommended for discharge from the service until he or she has appeared in person before the Aptitude Board and been informed of the proposed action. The action of the commandant or commanding officer on the report shall be final. If he approves the report of the Aptitude Board, it shall be forwarded to the Bureau and a duplicate copy placed in the individual's Service Record.

21119.5. TYPE OF DISCHARGE.—Recruits discharged upon the approved report of an Aptitude Board are given a discharge "Under Honorable Conditions" by virtue of "Unsuitability for the Naval Service." The cause and authority for discharge shall be entered in the recruit's Service Record.

## 21120

**Physical Examination of Prisoners.**—The medical officer shall examine men sentenced by a summary court-martial to be confined for a period exceeding 10 days, on diminished rations, or on bread and water, and shall also examine the place in which they are to be confined. The medical officer shall state his opinion as to whether the infliction of such sentence would produce serious injury to the health of the persons sentenced (Art. 1148, *Navy Regulations*). All prisoners arriving at a naval prison shall be examined by a medical officer.

## 21121

**Physical Examination of Enlisted Men Selected for Detail to Attend a Service School.**—Enlisted men selected for detail to attend a service school shall be given the physical examination required by Article 1142 (3), *Navy Regulations*.

## 21122

**Physical Examination of Enlisted Men Prior to Transfer to Shore Duty Outside the Continental Limits.**—21122.1. When an enlisted man is designated for transfer to shore duty beyond the continental limits of the United States, the medical officer shall, in carrying out the examination required by Article 1142 (3), *Navy Regulations*, record any physical defect which would unfit him for or become aggravated by the duty for which designated and make appropriate recommendations to the commanding officer.

21122.2. Personnel who have had syphilis but do not need further treatment shall be considered physically qualified for such duty if physically fit in all other respects.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

## 21123

**Physical Examination of Applicants for the Rating of Steward's Mates.**—When practicable, applicants for the rating of steward's mates shall be examined for the presence of intestinal parasites, which, if found, shall constitute cause for rejection. They shall also be examined for venereal disease and shall not be accepted while such disease exists in an infectious stage.

## 21124

**Dental Examination of Men Assigned to Recruiting Duty.**—All enlisted men to be assigned duty at recruiting stations must be free of dental disease. Each man prior to transfer to such duty shall be examined by a dental officer, who shall make an entry over his signature in NAVMED-H-4 (Dental Record) that the man is dentally fit or unfit (par. 12B16.4).

## 21125

**Examinations for Ratings of Gun Pointer, Spotter, Range-Finder Operator, and Antiaircraft Gunner.**—21125.1. All candidates for the positions of gun pointer, spotter, range-finder operator, or antiaircraft gunner shall, before being placed in training, be referred by the commanding officer to the medical officer for examination.

21125.2. **GUN DIRECTOR AND GUN RANGE-FINDER OPERATOR.**—No man shall be trained as gun pointer or range-finder operator who cannot read with the right eye (or left eye if used in aiming) at 20 feet the line on Snellen's test card which is normally seen at 15 feet (20/15 vision), and a minimum of 20/20 shall be required with the eye not used in aiming. Before each record target practice, all qualified and acting gun pointers and range-finder operators shall be examined for acuity of vision and the results entered on the gunnery record and abstract of physical qualifications for special duties (Arts. D-5314 (3) (f) and D-5315 (2) (g), *Bureau of Naval Personnel Manual*).

21125.3. **SPOTTER AND STEREOSCOPIC RANGE-FINDER OPERATOR.**—Candidates for spotter or stereoscopic range-finder operator shall have a visual acuity of not less than 20/20 and preferably 20/15 in each eye. Visual acuity in one eye should closely approximate that in the other. There should be good muscle balance and actual stereoscopic vision, or ability to acquire such vision. Use of the range finder should improve true stereoscopic vision rather than develop a pseudo-type, which should be carefully guarded against. Whenever practicable, therefore, these candidates shall be accorded the examination and comply with the requirements outlined for vision of aviators in paragraphs 21150 to 21162, inclusive. Refraction of the eyes under a cycloplegic shall be done in those cases in which myopia or astigmatism is suspected. The results of the examination shall be entered on the abstract of physical qualifications for special duties (Arts. D-5316 (2) (b) and D-5317 (2) (b), *Bureau of Naval Personnel Manual*).

## SECTION XXIV. SPECIAL EXAMINATIONS

**21125.4 ANTIAIRCRAFT GUNNER.**—Antiaircraft gunners shall meet the following standards:

- (a) Vision shall be not less than 20/20 for each eye unaided by lenses.
- (b) Color vision shall be normal in accordance with the provisions of paragraph 2125.4.
- (c) When evidence of myopia is suspected, the eye shall be refracted and evidence of myopia shall disqualify.

## 21126

**Special Requirements for Lookouts.**—21126.1. Men assigned to duty as lookouts shall be given the radium plaque adaptometer test. They shall possess a minimum of 15/20 vision in each eye fully correctible to 20/20.

21126.2. In order to qualify as expert lookouts, personnel must meet the following physical requirements:

- (a) Vision: Day vision shall be normal or better; and for night vision the candidate shall pass, according to the Bureau standards, the radium plaque adaptometer test or similar Navy approved dark adaptation test.
- (b) Hearing: Must be normal or better.
- (c) Speech: Must be clear and distinct, with absence of defects.

## 21127

**Special Requirements for Signalmen.**—Men assigned to duty as signalmen shall possess 20/20 uncorrected vision in each eye and show ability to withstand eye fatigue. They must satisfactorily pass the complete test of the American Optical Company *Pseudo-Isochromatic Plates for Testing Color Perception*, 1940.

## 21128

**Special Requirements for Sonarmen.**—All sonarmen, when rated, must have normal aural acuity at least over the general frequency range of from 500 to 3500 cycles per second. They must not be tone deaf as evidenced by demonstration of differentiation between several musical notes. They must have normal vision or normal vision as corrected (Art. D-5206.04, *Bureau of Naval Personnel Manual*).

## 21129

**Special Requirements for Control Tower Operators (Specialists).**—21129.1. Control tower operators shall meet the physical requirements as now prescribed for general service, with the following additional special requirements:

- (a) Binocular vision shall be not less than 20/20 unaided by glasses; provided that vision in either eye shall be not less than 15/20 and is correctible by lenses to 20/20.
- (b) Variation in depth perception shall be not more than an average of 30 mm. in five readings as determined by the Howard Dollman or Keystone apparatus.
- (c) Hyperphoria shall not exceed 1 D. at six meters.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

(d) Prism divergence shall be not less than 3 D., and prism convergence not less than 6 D. at six meters.

(e) Accommodation of the eyes shall be sufficient to enable the individual to read aeronautical maps and standard letter print without the aid of glasses.

(f) Fields of vision shall be normal as determined by the finger fixation test.

(g) There shall be no pathology of the eye or adnexa which may interfere with proper function as control tower operator.

(h) Stammering or poor diction, or other evidences of speech impediment which might become manifest or aggravated under excitement, shall be cause for rejection.

(i) Hearing shall be normal for whispered voice as prescribed for general service.

21129.2. The special examination for control tower operator shall normally be conducted by a flight surgeon or aviation medical examiner. Results of this examination shall be entered in NAVMED-H-3a (Special Duty Abstract) of the individual's Health Record and his commanding officer notified as to his physical qualifications. Report of this examination shall not be submitted to the Bureau.

## 21130

**Special Requirements for Other Specified Ratings.**—Special physical requirements for men being examined for assignment as aviation electrician's mate, aviation machinist's mate, aviation ordnanceman, radioman, aviation radioman, boatswain's mate, musician, parachute rigger, and quartermaster, and for men to be trained in harbor defense, harbor entrance control, and net tending, are covered in "Index of References, Physical Standards," NAVMED-216.

## 21131

**Physical Requirement for Certain Navy Rates and Duties for Women.**—Physical standards for women being examined for assignment as aerographer's mate, aviation machinist's mate, cook, baker, parachute rigger, radioman, and control tower operator specialist are published in "Index of References, Physical Standards," NAVMED-216.

## 21132

**Enlisted Personnel Examined for Assignment as Buglers, Fire Controlmen, Range-Keeper Operators, Spotters, and Torpedo Data Computers.**—Personnel assigned to these ratings shall meet the requirements specified in the *Bureau of Naval Personnel Manual*.

## 21133

**Physical Examination of Officers and Enlisted Men for the Submarine Service.**—21133.1. In view of the special conditions characteristic of the submarine service, all officers and enlisted men who are candidates for submarine training shall conform to the standards herein set forth. Particular care must be exercised in the

## SECTION XXIV. SPECIAL EXAMINATIONS

preliminary examination on ships and at shore stations in order that a large number of candidates may not be rejected as a result of re-examination at the Submarine School, New London, Connecticut, thus avoiding needless cost of transportation, loss of service, and incomplete quota of classes.

21133.2. Standards for the submarine service are the same as those for general service with especial attention to the following conditions:

(a) *Psychiatric*.—Because of the nature of the duties and responsibilities of each officer and man in a submarine, the psychological fitness of applicants for submarine training should be carefully appraised. The man should have arrived at his decision to volunteer for submarine training after mature deliberation and should be motivated by real desire for this duty. Emotional maturity and stability, dependability, and at least normal intelligence are necessary. Psychiatric conditions or personality traits which might militate against satisfactory adjustment under conditions aboard this type of ship shall disqualify.

(b) *Vision*.—In view of the requirements for operation of the periscope, officers shall have a minimal vision of 20/20 in each eye; and the requirement for enlisted men of the seaman branch shall also be 20/20 in each eye. All letters on the 20-foot line shall be read within a period of four seconds. For all other candidates the minimum vision shall be 15/20. No recommendation for waiver below these standards shall be made unless there is previous submarine experience.

(c) *Color Vision*.—All candidates shall have normal color perception as presented in paragraph 2125.4.

(d) *Nose and Throat*.—The nares, naso-pharynx, and pharynx shall be carefully examined by reflected light. Obstruction to breathing such as marked deviation of the nasal septum, or any chronic inflammatory condition such as sinusitis, or hypertrophied tonsils, shall be sufficient to reject until such defects are remedied.

(e) *Ears*.—Acute or chronic disease of the middle or internal ear or ruptured eardrums shall disqualify. The acuity of hearing in each ear shall be 15/15 by the whispered voice, 20/20 by coin click. A thorough otoscopic examination of the auditory canal and membranæ tympani shall be made (pars. 2130 and 21163).

(f) *Teeth*.—A complete dental examination shall be conducted by a dental officer. Definite oral disease and generally unserviceable teeth shall be cause for rejection. Teeth replaced by satisfactory bridges and dentures are not to be considered missing. Applicants with moderate overbite, underbite, or extensive restorations and replacements by bridges or dentures may be accepted, since these do not interfere with effective gripping of the mouthpiece of the submarine escape appliances.

(g) *Respiratory System*.—Particular effort shall be made to detect latent tuberculosis or other chronic disease of the lungs.

(h) *Cardiovascular System*.—A systolic blood pressure established on repeated examination as exceeding 145 mm. shall disqualify. The diastolic pressure should be roughly two thirds of the systolic. Persistent tachycardia, marked arrhythmia except of the sinus type, or any other disturbance of the heart or vascular system shall exclude.

(i) *Gastro-Intestinal System*.—Candidates with a definite tendency to any digestive disorder such as colitis associated with obstinate constipation or diarrhea should be excluded.

(j) *Venereal Disease*.—A definitely established history of syphilis is sufficient to exclude. No candidate with any form of venereal disease at the time of the examination shall be accepted (par. 12E50).

(k) *Offensive Breath*.—Offensive breath and offensive perspiration, if persistent and abnormally excessive, are sufficient to exclude.

(l) *Disease of the Skin*.—Any definitely chronic skin disease shall be disqualifying. Mild acne is not disqualifying.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

(m) *Obesity*.—Candidates presenting a variation in weight of more than 18 percent above that prescribed in relation to height in the table contained in paragraph 2137 above shall be excluded, unless this overweight is mainly due to muscular and bony tissue.

21133.3. Division commanders of submarines, in consideration of the fact that their duties do not involve the actual operating of these vessels, shall be excepted from the special standards of paragraph 21133.2. Such officers, however, shall be examined, and shall conform to the standards of the general service commensurate with their rank and age.

21133.4. All officers and men on arrival at the Submarine School, New London, Connecticut, shall again be given a complete physical examination. This is intended to supplement the examination carried out by the medical officer of the ship or station and not to replace it. All candidates shall be tested as to their ability effectively to clear the ears and otherwise to withstand an air pressure of 50 pounds to the square inch in a recompression chamber. This requirement must be satisfied in order that personnel shall be qualified for training with the submarine escape appliance. It should be remembered, however, that there may be temporary difficulty due to acute congestion of the eustachian tube incident to coryza or pharyngitis. All officers and enlisted men of such ratings as may be assigned to listening duties shall be tested by the audiometer. The only permissible variation from the normal will be in the wave lengths of 128c and 4096c double frequencies.

## 21134

**Physical Examination for Training in, or for Continuance in, Deep-Sea Diving, and for Training in Simulated Deep-Sea Diving and the Use of Rescue Apparatus.**—21134.1. No candidate shall be accepted with a history of syphilis, unless there has been adequate treatment and no signs of activity or organic involvement are discovered.

21134.2. Accepted candidates shall conform to the following standards:

(a) *Age*.—Not over 40 years unless the applicant was employed in civilian life as a diver at the time of his enlistment. In candidates over 40 years of age the examiner should carefully consider the general physical fitness of the individual in relation to his experience as a diver.

(b) *Weight*.—Moderate excess over standards is not disqualifying unless due to obesity.

(c) *Vision*.—Not less than 12/20 binocular vision without lenses.

(d) *Color Perception*.—Defective color perception is not disqualifying.

(e) *Ears*.—Disease of the ear disqualifies. The external auditory canals and membranæ tympani shall be examined by means of speculum with good illumination, all wax being removed from the canals. Perforation, evidence of present or serious past inflammation, or marked retraction of the ear drum following chronic ear disease shall exclude. Hearing shall be normal for each ear as determined by the whispered voice, the coin click, and the watch tests as outlined in paragraph 21163.

(f) *Ability to Equalize Pressure*.—If a recompression chamber is available candidates shall be subjected to a pressure of 50 pounds in order to determine if air pressure can be properly equalized on both sides of the ear drums. It should be remembered that men with slight head colds may be temporarily

## SECTION XXIV. SPECIAL EXAMINATIONS

unable to equalize pressure owing to the congestion of the eustachian tubes. Men must be competent ordinarily to clear their ears under air pressure to qualify for deep diving.

(g) *Breath Holding*.—Candidates shall be capable of holding their breath after full expiration and inspiration for a period of 30 seconds.

(h) *Respiratory System*.—There must be no obstruction in the nares or nasopharynx or evidence of chronic hypertrophic rhinitis or tonsillitis. The eustachian tubes shall be patent. Deviation of the nasal septum is not disqualifying provided there is adequate ventilation. The lungs must be normal.

(i) *Cardiovascular System*.—Candidates with moderate hardening of the peripheral vessels may be accepted provided there is no evidence of arteriosclerotic changes in the retinal vessels. Blood pressure should be commensurate with age and build of the individual. In general, systolic pressure of 150 or more and diastolic pressure of 95 or more is disqualifying. The heart sounds shall be normal. Persistent tachycardia or marked arrhythmia, except of the sinus type, shall disqualify. Varicose veins or hemorrhoids or tendency thereto is disqualifying. Circulatory efficiency tests are not required.

(j) *Genito-Urinary System and Skin*.—There shall be no active skin or venereal disease, and no disease of the kidneys. A complete urine examination must be made in all cases.

(k) *Gastro-Intestinal System*.—Men subject to gastro-intestinal disturbances, with a tendency to excessive gas formation in the stomach and intestines, shall not be accepted. The marked expansion of such gas on ascending from even moderate depths may induce severe symptoms if not readily expelled.

(l) *Teeth*.—The teeth shall meet the requirements for enlistment in the Naval Reserve (Sec. XXII).

(m) *Temperament*.—Men of nervous and excitable temperament shall be excluded.

(n) *General Physical Type*.—The most favorable type for deep-sea diving is the young man of 20 to 30 years of age, with no tendency to obesity, wiry, of phlegmatic temperament, and capable of withstanding considerable bodily strain.

21134.3. Qualified deep-sea divers who desire to continue in that specialty and are about to reach the age of 40 shall be examined by a board of medical officers appointed by the senior officer present. At least one member of the board shall be qualified as a deep-sea diver or in submarine medicine. The report of the examination on NAV-MED-Y with the recommendation of the board as to whether the individual is or is not physically qualified to continue as a deep-sea diver shall be forwarded to the Bureau for final decision and in time to reach the Bureau before the man attains the age of 40. A certain latitude may be allowed for a diver of long experience and a high degree of efficiency in diving. He must be free from any diseases of the cardiovascular, respiratory, genito-urinary, and gastro-intestinal systems, and of the ear. His ability to equalize air pressure must be maintained. A moderate degree of overweight may be disregarded if the diver is otherwise vigorous and active.

## 21135

**Physical Standards for Motor Torpedo Boat Training and Duty.**—21135.1. In view of the special conditions of motor torpedo boat operations, all candidates for training for this type of duty shall conform to the standards herein. Motor torpedo boats operate almost wholly at night, are extremely rough riding, and are of a size which makes it necessary for all ratings to carry on assignments other than in their own specialty and to live in very crowded conditions. Care must be exercised in the preliminary examination on ships and sta-

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

tions in order that candidates may not be rejected upon arrival at the Torpedo Boat Training School, Newport (Melville), Rhode Island, or during training, for readily discoverable defects.

21135.2. Physical requirements are those for general service with especial attention to the following conditions:

(a) *Age*.—Men between the ages of 19 and 35 shall be selected for this duty. Candidates must have a high degree of physical stamina.

(b) *Vision*.—The vision of officers shall be a minimum of 18/20 in each eye; enlisted men of the seaman branch also 18/20 in each eye, including gunner's mates, torpedomen, quartermasters, radiomen, seamen; all other candidates shall have a minimum vision of 16/20 in each eye, including motor machinist's mates, radarmen, ship's cooks, and firemen. Vision requiring the use of glasses is not permissible.

(c) *Night Vision*.—All officers and enlisted ratings who will be assigned to night lookout duty must have a satisfactory degree of night visual acuity as determined by tests with the radium plaque adaptometer.

(d) *Color Vision*.—Normal color perception shall be required of all personnel. For this determination the correct recognition of not less than three plates in groups I, II, and III of the American Optical Company *Pseudo-Isochromatic Plates*, 1940, shall be required.

(e) *Teeth*.—A complete dental examination shall be conducted by a dental officer. Definite oral disease and generally unserviceable teeth shall be cause for rejection. Minimum requirements shall be 20 vital serviceable teeth or fixed bridge replacements with at least four opposing molars and four opposing incisors. Removable dentures are not acceptable.

(f) *Nose and Throat*.—The nose and throat shall be carefully examined; chronic inflammatory conditions shall be sufficient to reject until such defects are remedied.

(g) *Ears*.—Acute or chronic disease of the middle or internal ear or ruptured eardrums shall disqualify. The acuity of hearing in each ear shall be 15/15 by the whispered voice, and 20/20 by coin click.

(h) *Skeletal System*.—Marked or symptomatic defects of feet, knees, or back shall disqualify.

(i) *Gastro-Intestinal System*.—Ulcers, emotional stomach, or intestinal disorders shall disqualify.

(j) *Disease of the Skin*.—Any definitely chronic skin disease shall be disqualifying. Mild acne is not disqualifying.

(k) *Nervous System*.—A neuropsychiatric examination shall be given to determine the temperamental fitness for this type of duty. A history of train-, car-, air-sickness, chronic sea-sickness, or any type of motion sickness shall disqualify. Motivation shall be real and wholly voluntary, and stability and normal intelligence are required. Personality traits which might militate against satisfactory adjustment under close living conditions for extended periods in advanced combat areas shall disqualify.

21135.3. The above standards are to be rigidly adhered to in determining physical fitness prior to entry into motor torpedo boat training. In the determination of subsequent physical fitness, however, minor or temporary deficiencies should be waived when their existence does not preclude expectation of satisfactory performance of duty.

## 21136

**Physical Examinations of Civil Employees.**—21136.1. The commanding or commanding officer of each naval activity having a labor board shall recommend to the Civil Service Commission, through the regional director, a medical officer of the Navy to be designated a member of the local labor board for the purpose of conducting physical examinations and executing medical certificates free of

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

charge for applicants for, and, in some cases, occupants of, Groups I, II, III, and IV(a) and IV(b) positions.

21136.2. The duties imposed on medical officers are primarily for the protection of the Government, and, therefore, no fee shall be exacted for such examinations. In view of the liability under the Employees' Compensation Act and the Civil Service Retirement Act, a careful execution of this work is most important.

21136.3. Physical examinations of civilian employees shall be made in accordance with existing rules and regulations of the United States Civil Service Commission, and with instructions issued by or under the direction of the Secretary of the Navy in regard thereto.

21136.4. Reports of physical examinations shall be submitted on such forms as are required by the United States Civil Service Commission, and by or under the direction of the Secretary of the Navy.

21136.5. Medical officers shall make physical examinations of civilian employees or annuitants in connection with disability retirement under the Civil Service Retirement Act when requested to do so by the commandant or commanding officer or by the Civil Service Commission. It shall be understood that in no event shall a medical officer be required to leave his station for the purpose of making such an examination, since only in cases where the applicant is able to appear will a medical officer be requested to make an examination. (For duties of medical officers in connection with the Employees' Compensation Act, reference should be made to Part IV, Chapter 1.)

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

	Paragraph
General Provisions and Standards .....	21137-21145
Records .....	21146-21148
The Examination .....	21149-21165

*General Provisions and Standards*

## 21137

**Object.**—The object of the aviation examination and the instructions incident thereto is to select for flying duty only such officers and enlisted men as are physically and mentally qualified for such duty, and to remove from flying duty those who may become temporarily or permanently unfitted for such duty because of physical or mental defects. Physical qualifications shall in general conform to the standards prescribed in previous sections. In addition, properly authorized applicants for duty involving actual control of aircraft shall qualify on psychological tests described in technical memoranda and directives issued by the Bureau.

## 21138

**Classification of Personnel Requiring the Examination.**—21138.1. Aviation personnel are divided into two classes:

(a) *Class 1.*—Aviation personnel engaged in the actual control of aircraft, which includes naval aviators, student naval aviators, naval aviation pilots,

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

student naval aviation pilots, naval aviation cadets, lighter-than-air pilots, student lighter-than-air pilots, and student flight surgeons.

(b) *Class 2.*—Aviation personnel not engaged in the actual control of aircraft, which includes naval aviation observers, naval aviation navigators, naval flight surgeons, combat aircrewmembers, and other persons ordered to duty involving flying.

21138.2. Class 1 is considered regular flying personnel and shall take the complete physical examination for flying. For this purpose, Class 1 is further divided into flying Service Groups, based on the age of the aviator and other conditions, for which special physical requirements are prescribed in paragraph 21141.

21138.3. Class 2 shall meet the standard physical requirements for the general service with such additional requirements as are prescribed in paragraph 21141.2.

21138.4. When submitting a NAVMED-AV-1 (Report of Physical Examination for Flying), flight surgeons and aviation medical examiners shall state whether any defect noted is considered disqualifying.

21138.5. The examination for flying shall be limited to members of the aeronautical organization and properly authorized applicants for this service. Applicants shall be given a preliminary physical examination by the local medical officer to eliminate those who obviously cannot meet the physical requirements for aviation.

## 21139

**Restrictions Until Physically Qualified.**—21139.1. No person shall be assigned to duty involving actual flying until he has successfully passed the physical examination for flying prescribed herein, and, except as authorized in paragraph 21139.4, until official notification has been received from the Bureau that such person is physically qualified for that duty.

21139.2. All applicants, commissioned or enlisted, for aviation training shall successfully pass the physical examination for flying. The examination must not antedate the application by more than six months. When an applicant for aviation training is not in the vicinity of one of the ships or stations where the physical examination for flying can be made, he shall be examined in accordance with the instructions governing the examination of candidates for commission and shall be expected to meet the standards set forth as acceptable for a commissioned officer. Before being assigned to duty involving flying under training as a pilot, he shall be given the complete physical examination for flying at the station to which he may be attached for training.

21139.3. Pilots of the Naval Reserve who apply for permission to pilot naval aircraft shall be subjected to the examination prescribed herein unless they present satisfactory evidence that they have passed such an examination within six months of the dates on which flight is desired.

21139.4. Pending receipt of the approved copy of the record of physical examination (par. 21146), or certificate from the Bureau that the record of physical examination has been approved, personnel may be considered physically qualified if an authorized medi-

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

cal examiner (par. 21145) certifies that the applicant has no physical or mental defect that would disqualify him for flying.

## 21140

**Policies on Service Groups for Pilots of Naval Aircraft.—21140.1.** The following policies shall, in general, be followed in the assignment of pilots of naval aircraft to flight duties:

*Service Group I:* Pilots under 40 years of age. Unlimited.

*Service Group II:* Pilots of 40 to 50 years of age, or younger pilots who, for other reasons, are not qualified for unrestricted flying in Service Group I, but who are so qualified for unrestricted flying in Service Group II, shall not be assigned to fighter, bomber, or torpedo squadrons.

*Service Group III:* Pilots over 50 years of age shall normally be expected to perform flights in executive or broad command status. Solo flying shall be performed in such basic types of naval aircraft as may be prescribed by the Deputy Chief of Naval Operations for Air, as believed commensurate with their physical and service qualifications.

Pilots of younger age groups who for physical or other reasons are not qualified for unrestricted flying in their Service Group, but who are physically and otherwise qualified for flying in Service Group III, may be so employed when sufficiently justified by other considerations. Normally the assignment of pilots below the rank of captain to Service Group III shall be restricted, and shall be limited to individuals recovering from illness or injury or to individuals not physically qualified for other Service Groups whose flying experience and the needs of the service sufficiently justify their employment in a limited pilot status.

21140.2. The physical requirements employed in determining the above Service Groups are provided in paragraph 21141.

21140.3. Should any pilot fail to meet the physical requirements prescribed for unrestricted flying in his Service Group, such failure shall be set forth in the NAVMED-Av-1 (Report of Physical Examination for Flying), and the report forwarded to the Bureau. The Bureau will submit its recommendation to the Bureau of Naval Personnel via the Deputy Chief of Naval Operations (Air), Op-32, and the pilot shall be disposed of as follows:

(a) Permitted to continue unrestricted flight status in his Service Group subject to waiver of defects by the Bureau of Naval Personnel.

(b) Restricted to flight duties of the next Service Group, that is, from I to II, or from II to III.

(c) Restricted to flight duties of lessened tempo commensurate with present temporary physical condition (pilots recuperating from injuries or illness).

(d) Restricted to flight duties of Service Group III, requiring the presence of a copilot qualified in Service Group I or II.

(e) Dropped from flight status.

## 21141

**Physical Requirements for Aviation Personnel.—21141.1. CLASS 1.—AVIATION PERSONNEL ENGAGED IN THE ACTUAL CONTROL OF AIRCRAFT.—**(a) Service Group I (pilots under 40 years of age, unrestricted flying). The physical requirements for these personnel shall be those set forth in paragraphs 21149 through 21165 below.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

(b) Service Group II (pilots 40 to 50 years of age, or younger pilots who for other reasons are not qualified for unrestricted flying in Service Group I but who are qualified for unrestricted flying in Service Group II, not to include fighter, bomber, or torpedo squadrons). Physical requirements for unrestricted flying in Service Group II shall be the same as those prescribed for Service Group I, with the following exceptions:

(1) Visual acuity shall be not less than 10/20 for each eye unaided by glasses, provided that when visual acuity is less than 13/20 for either eye, it shall be corrected by lenses to 20/20 and the correction shall be worn while flying.

(2) Variation in depth perception shall not exceed 35 mm. with the aid of glasses.

(3) Accommodation below the requirements for age is permissible, provided that accommodation for each eye shall be not less than 3 D. without correction. Whenever accommodation is less than 3 D., it shall be corrected to a minimum of at least 3 D. by lenses, which correction shall be placed in the lower section of lens only (bifocal or lower half of lens) and be available for use at all times when flying.

(4) Moderate defects of hearing may be permitted, but shall not exceed the minimum of 7/15 whispered voice, binaural.

(c) Service Group III (pilots over 50 years of age, who will normally be expected to perform flights in executive or broad command status). Physical requirements for unrestricted flying within Service Group III shall be the same as for Service Group I, with the following exceptions:

(1) Visual acuity shall be not less than 8/20 for each eye unaided by glasses, provided that when visual acuity is less than 13/20 for either eye, it shall be corrected to 20/20 by lenses and the correction worn while flying.

(2) Variation in depth perception shall not exceed 35 mm. with the aid of glasses.

(3) There shall be no muscle imbalance (phoria) of sufficient degree to result in diplopia within 50 cm. of the central position on the tangent curtain.

(4) Accommodation below the requirements for age is permissible, provided there shall be not less than 3 diopters of accommodation for each eye with the aid of glasses and the correction shall be placed in the lower section of lens only (bifocal or lower half of lens) and be available for immediate use at all times when flying.

(5) The diastolic blood pressure shall not regularly exceed 100 mm. Hg. The systolic blood pressure shall not regularly exceed 165 mm. Hg.

21141.2. CLASS 2—AVIATION PERSONNEL NOT ENGAGED IN ACTUAL CONTROL OF AIRCRAFT.—(a) *Naval Aviation Observers*.—Candidates shall normally be expected to meet the standard physical requirements prescribed for the general service with the following additional requirements as prescribed for naval aviators; namely, accommodation of the eyes, circulatory efficiency, and the neuropsychiatric examination. Reports of examinations shall be made on NAVMED-AV-1's, as provided in paragraph 21146. In each case that a NAVMED-AV-1 is forwarded to the Bureau appropriate entries shall be made on the NAVMED-H-9 (Aviation Medical Abstract) of the individual's Health Record.

(b) *Naval Aviation Observers (Navigation)*.—Candidates shall be physically qualified and temperamentally adapted for duty involving flying in accordance with existing standards for candidates for flight training leading to the designation of naval aviator or

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

naval aviation pilot, except that the ACT, MCT, and BI tests are not applicable, and shall not be administered. Reports of examinations shall be made on NAVMED-Av-1's as provided in paragraph 21146. In each case that a NAVMED-Av-1 is forwarded to the Bureau appropriate entries shall be made on the individual NAVMED-H-9 (Aviation Medical Abstract) of the individual's Health Record.

(c) *Naval Aviation Observers (Radar).*—No specific physical standards beyond those for the general service shall be required. Candidates shall be examined physically to determine their fitness to engage in aerial flights, with the examination relating primarily to the circulatory system, neuropsychiatric stability, and patency of the eustachian tubes. The purpose of such an examination is to eliminate those individuals with physical defects likely to be aggravated by duty involving flying, or to constitute a hazard when performing such duty. The result of the examination shall be entered on the NAVMED-H-9 of the individual's Health Record, and his commanding officer shall be notified as to his physical qualifications. No report of these examinations shall be made to the Bureau.

(d) *Naval Flight Surgeons and Aviation Medical Examiners.*—When ordered to duty involving flying (not in control of aircraft), naval flight surgeons and aviation medical examiners shall meet the physical requirements prescribed for naval aviation observers. Reports of examination will normally not be made to the Bureau. In the case of physical disqualification, however, the report of examination shall be regularly prepared on NAVMED-Av-1 and forwarded to the Bureau. When a NAVMED-Av-1 is forwarded to the Bureau appropriate entries shall be made on the NAVMED-H-9 (Aviation Medical Abstract) of the individual's Health Record.

(e) *Student Naval Flight Surgeons.*—Physical requirements for student naval flight surgeons are those prescribed for qualified naval flight surgeons; provided that for the purpose of flight indoctrinal training, in order to be physically qualified to solo elementary type aircraft, vision shall be not less than 15/20 in each eye, unaided by glasses, and depth perception shall not exceed 30 mm. Failure to meet the special requirements of the eyes shall serve to disqualify only for solo flying, but shall not disqualify for other indoctrinal training involving flying, leading to the designation of flight surgeon. Reports of examination will normally not be made to the Bureau. In the case of physical disqualification, however, the report of examination shall be regularly prepared on NAVMED-Av-1 and forwarded to the Bureau. When a NAVMED-Av-1 is forwarded to the Bureau appropriate entries shall be made on the NAVMED-H-9 (Aviation Medical Abstract) of the individual's Health Record.

(f) *Combat Aircrew Personnel.*—The physical requirements for combat aircrew personnel are in general the same as those prescribed for the general service with the following additional special requirements:

(1) *Height.*—Maximum height shall not exceed 72 inches (waived in the case of lighter-than-air aircraft machine gunners (Art. 5313(7), *Bureau of Naval Personnel Manual*)).

(2) *Weight.*—Maximum weight shall not exceed 185 pounds (waived in the

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

case of lighter-than-air aircraft machine gunners (Art. 5313(7), *Bureau of Naval Personnel Manual*)).

(3) *Heart and Lungs*.—A normally functioning cardiorespiratory system in which the blood pressure does not persistently exceed 150 mm. Hg., systolic or 90 diastolic, is a requirement. The Schneider index test shall be conducted only in special cases when so indicated. It alone shall not be cause for rejection.

(4) *Eyes*.—No abnormality shall be allowed which will interfere with the wearing of goggles or the use of the eyes while in flight. Vision shall be not less than 20/20 in each eye, unaided by glasses. Color vision shall be as prescribed for the general service. Accommodation shall be not less than 3 diopters in each eye, unaided by glasses, as determined by use of the Prince rule or the Jaeger test type.

(5) *Nose and Ears*.—Defects of hearing are allowable, provided such defects are not of sufficient degree as to interfere with radio perception. The eustachian tubes shall be patent. There shall be no evidence of manifest or latent disease of the middle ear or of the accessory sinuses of the face and head. Nasal obstruction shall not exceed 50 percent of total ventilation on either side; a distinction shall be made as between transitory turgescence and anatomical deformity.

(6) *Central Nervous System*.—Applicants shall be examined to determine their freedom from disease of the central nervous system, or evidence of psychic instability of sufficient nature and degree as to disqualify.

(7) *Equilibrium*.—Equilibrium shall be normal as determined by the self-balancing test.

(8) *Speech*.—Applicants shall have clear diction for normal spoken voice, with no impediment of speech which will interfere with radio communication.

Reports of the physical examination of combat aircrewmembers shall not be made to the Bureau; entries on the NAVMED-II-9 (Aviation Medical Abstract) of the individual's Health Record will serve for this purpose. Commanding officers shall be officially informed concerning the result of the examinations.

(g) *Other Nonflying Personnel*.—When ordered to duty involving flying, for which specific physical requirements have not been prescribed, personnel shall, prior to engaging in such duties, be examined to determine their physical fitness for aerial flights. The examination shall relate primarily to the circulatory system, equilibrium, neuropsychiatric stability, patency of the eustachian tubes, with such additional consideration as the individual's specific flying duties may indicate. The examination and its evaluation shall be of a practical nature. The result of the examination shall be entered on the NAVMED-II-9 (Aviation Medical Abstract) of the individual's Health Record and the commanding officer officially notified. Reports of these examinations shall not be submitted to the Bureau.

## 21142

**Reexamination for Physical Incapacity.**—21142.1. A reexamination of any individual shall be made whenever considered necessary by the Bureau, the Deputy Chief of Naval Operations for Air, or by the commanding officer, to determine his physical fitness to continue flying duty or flying training.

21142.2. Upon recommendation by the flight surgeon, the commanding officer may relieve from flying duty, or suspend the flying training of, any individual reported physically incapacitated. When the individual is reported physically fit again by the flight surgeon,

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

the commanding officer may authorize resumption of such duty or training.

21142.3. Aviation personnel of Class 1 (par. 21138), upon reporting for duty at a new ship or station, or upon reporting for duty following absence due to serious injury or illness, or upon return to duty from a protracted leave of absence, or when otherwise indicated, shall be given such physical examination as may be required to determine their physical fitness to resume their flying duty.

21142.4. When certified as fit for duty by a board of medical survey, a naval aviator or naval aviation pilot shall be examined by a board of flight surgeons as prescribed in paragraph 3323.

## 21143

**Annual Physical Examination.**—All aviation personnel engaged in duty involving actual control of aircraft (par. 21138.2) shall be required to undergo the complete physical examination for flying. Other aviation personnel (par. 21138.3) on their prescribed annual physical examination shall be required to meet the specific physical standards for their classification. Such examinations shall be recorded on NAVMED-AV-1 in the case of those on duty involving actual control of aircraft. These NAVMED-AV-1's shall not be forwarded unless some disqualifying abnormality exists, but are retained in the activity and the results entered on NAVMED-H-8's (Medical History sheets) of the Health Records. In the case of combat aircrewmembers and personnel in Class 2 (par. 21138.3) ordered to duty involving flying, but not assigned particular flight duties, the results of their examinations shall be recorded in the Health Records on NAVMED-H-9's.

## 21144

**Examination, Where Made.**—Equipment and personnel for conducting the physical examination for flying have been established aboard aircraft carriers and the large aircraft tenders, at fleet air bases, and within certain flag commands to which staff flight surgeons are attached; and at naval air stations, Navy and Marine Corps air bases, Naval Reserve aviation bases, and at other shore activities and commands within the several naval districts to which flight surgeons or qualified aviation medical examiners are attached.

## 21145

**Examiners Qualified.**—The physical examination for flying shall be made only by medical officers, who, after a special course of instruction, are qualified to conduct such an examination. There are two groups of medical officers qualified to conduct the physical examination for flying: flight surgeons, who have qualified by taking the basic course in aviation medicine followed by additional indoctrinal flight training; and aviation medical examiners, who have qualified by taking the basic course in aviation medicine but have not received indoctrinal flight training.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

*Records*

## 21146

**Records.**—21146.1. A record of the physical examination for aviation duty shall be made on NAVMED-Av-1. Reports on qualified personnel shall be forwarded in accordance with instructions on the form.

21146.2. The following procedure shall be observed in examining and reporting upon individuals found not physically qualified or temperamentally adapted for duty involving flying.

(a) *Original Examination of Applicants for Flight Training.*—When, on original examination for flying, an applicant for flight training is found physically or psychologically disqualified for the performance of such duty, the report of examination (NAVMED-Av-1) shall be submitted, via the commanding officer, in accordance with existing instructions. Abnormalities disclosed in the neuropsychiatric examination shall be included in the report of examination.

(b) *Examination of Designated Personnel.*—Student naval aviators, aviation cadets undergoing regular flight training, student aviation pilots, qualified naval aviators, qualified naval aviation pilots, and qualified navigators who, on physical examination for flying, are considered not qualified for the performance of their flying duties shall appear before a board of medical examiners, of which at least one member shall be a flight surgeon, for the purpose of establishing the nature of their defects and their qualifications for performance of (1) duty involving flying or (2) general duty not involving flying. In the event the defects disclosed as the result of such examination are considered sufficient to disqualify for the performance of general duty not involving flying, the examinee shall appear before a board of medical survey in accordance with instructions in Part III, Chapter 3.

(c) *Personnel Temporarily Disqualified.*—These provisions are not intended to apply to flying personnel who may be disqualified for the performance of their duties because of disabilities considered as temporary (par. 21142).

21146.3. Naval aviators, naval aviation pilots, student naval aviators, and aviation cadets, on being surveyed to duty following a serious illness or injury, shall appear before a board of flight surgeons, or flight examiners, to determine their physical and temperamental qualifications for return to flight duty. NAVMED-Av-1 shall accompany the survey to the Bureau (par. 3323).

## 21147

**Transfer of Records.**—Whenever an individual is transferred from one ship or station to another, the certified copy of his current NAVMED-Av-1 shall be forwarded to the medical officer of his new ship or station.

## 21148

**Inspection of Records.**—The physical examination records of aviation personnel in Class 1 (par. 21138.1) shall be inspected by the medical officer annually at the end of January. If a record is missing or incomplete in any particular, the medical officer shall so inform the commanding officer, who shall direct the individual to report to the medical officer for the necessary examination to complete his records.

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

*The Examination*

21149

**General Examination.**—21149.1. Except as modified by the provisions of this paragraph, the general physical examination and general physical standards shall be the same as those prescribed for the general service.

21149.2. Properly authorized applicants for duty involving actual control of aircraft who fail to attain the qualifying scores on psychological tests as specified in technical memoranda and directives of the Bureau shall be disqualified and shall not proceed to the flight physical examination.

21149.3. A history of any of the following shall be considered as disqualifying: syphilis, repeated attacks of hay fever or asthma, recent attacks of malaria, paroxysmal tachycardia, any organic heart disease, recurrent attacks of any of the rheumatic group, recent renal calculus, encephalitis lethargica, or any illness accompanied by diplopia and lethargy.

21149.4. Candidates shall conform to the following standards:

(a) *Height and Weight.*—The minimum height for enlisted men is 64 inches. For officers and examinees who may be subject to commissioning, such as aviation cadets, the minimum height requirement is 66 inches. The maximum height is 76 inches. The minimum acceptable weight for aviation is 124 pounds, but if the examinee is a subject for commission, the minimum weight is 132 pounds. No specific maximum weight is established, but the applicant shall not be obese. Individuals shall be well proportioned and shall be near the weight for their height as given in the table in paragraph 2137. It is particularly necessary for examinees whose weight is near the maximum or the minimum requirement to conform closely to the prescribed ratio of height and weight for age.

(b) *Chest.*—Any condition that serves to impair respiratory function may be cause for rejection. The examinee, if an average-sized individual, should normally have not less than three inches of chest expansion. A variation of one-half inch is allowable if the individual is otherwise acceptable.

(c) *Cardiovascular System.*—Cardiac arrhythmia or heart murmur or other evidence of cardiac abnormality shall be the cause of careful study, including recourse to an electrocardiographic examination when indicated. Evidence of heart disease shall be cause for rejection.

(d) *Blood Pressure and Pulse Rate.*—In considering the blood pressure, the examiner must give due regard to the age of the candidate and to physiological causes such as excitement, recent exercise, and digestion. The condition of the arteries, the tenseness of the pulse, and the degree of accentuation of the aortic second sound must be taken into consideration, as must also the relation between the systolic and diastolic pressures. No examinee shall be rejected as the result of a single reading. When the blood pressure estimation at the first examination is regarded as abnormal, or in case of doubt, the procedure shall be repeated twice daily (in the morning and in the afternoon) for a sufficient number of days to enable the examiner to arrive at a definite conclusion. In conducting the circulatory efficiency test (Schneider index), the examinee shall be afforded every opportunity to relax. Loud noise, conversation, and other distracting influences which may serve to excite or adversely affect the examinee, are to be avoided. The test should not be taken within two hours after a meal. Smoking, fatigue, and intercurrent infections will affect the score. Before taking the test, the subject reclines in a quiet environment for not less than five minutes, after which the examination proceeds as follows:

*Method*

(1) Heart rate is counted for 20 seconds. When two consecutive counts are the same, the 20-second rate is multiplied by three and recorded.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

(2) The systolic pressure is taken by auscultation and recorded. Take two or three readings to be certain.

(3) The subject then rises and stands for two minutes to allow the pulse to assume a uniform rate. When two consecutive 15-second counts are the same, multiply by four and record. This is the normal standing rate.

(4) Standing pulse minus the reclining pulse gives the increase on standing.

(5) The systolic pressure is taken as before and recorded.

(6) Timed by a stop watch, the subject steps upon a chair 18½ inches high, five times in 15 seconds. To make this uniform, the subject should stand with one foot on the chair at the count of one. This foot remains on the chair and is not brought to the floor again until after the count of five. At each count he brings the other foot on the chair and at the word "Down" replaces it on the floor. This should be timed accurately so that at the 15-second mark on the stop watch both feet are on the floor.

(7) Start counting the pulse immediately at the 15-second mark on the stop watch and count for 15 seconds. Multiply by four and record.

(8) Continue to take pulse in 15-second counts until the rate has returned to the normal standing rate. Note the number of seconds it takes for this to return and record. In computing this return, count from the end of the 15 seconds of exercises to the beginning, of the first 15-second normal standing pulse count. If the pulse has not returned to normal at the end of two minutes, record the number of beats above normal and discontinue counting.

(9) Check up points and enter final rating as indicated in the table. If after repeated tests the circulatory efficiency rating is seven or less, it is considered sufficient to disqualify.

(10) Enter history of case, including amount of sleep, amount of smoking, kind of work (outdoor or indoor, active or sedentary, etc.), time since last meal, any personal worries, or any pathological condition which might affect the condition of the subject.

Table for grading cardiovascular changes

A. Reclining pulse rate		B. Pulse rate increase on standing				
Rate	Points	0-10 beats, points	11-18 beats, points	19-26 beats, points	27-34 beats, points	35-42 beats, points
50-60	3	3	3	2	1	0
61-70	3	3	2	1	0	-1
71-80	2	3	2	0	-1	-2
81-90	1	2	1	-1	-2	-3
91-100	0	1	0	-2	-3	-3
101-110	-1	0	-1	-3	-3	-3
C. Standing pulse rate		D. Pulse rate increase immediately after exercise				
Rate	Points	0-10 beats, points	11-20 beats, points	21-30 beats, points	31-40 beats, points	41-50 beats, points
60-70	3	3	3	2	1	0
71-80	3	3	2	1	0	0
81-90	2	3	2	1	0	-1
91-100	1	2	1	0	-1	-2
101-110	1	1	0	-1	-2	-3
111-120	0	1	-1	-2	-3	-3
121-130	0	0	-2	-3	-3	-3
131-140	-1	0	-3	-3	-3	-3
E. Return of pulse rate to standing normal after exercise		F. Systolic pressure, standing, compared with reclining				
Seconds	Points	Change in mm.		Points		
0-30	3	Rise of 8 or more		3		
31-60	2	Rise of 2-7		2		
61-90	1	No rise		1		
91-120	0	Fall of 2-5		0		
After 120: 2-10 beats above normal	-1	Fall of 6 or more		-1		
After 120: 11-30 beats above normal	-2					

## Interpretation of Findings

**Blood Pressure.**—If the examinee is a candidate for flight training, the systolic blood pressure shall not persistently exceed 135 mm., nor the diastolic pressure exceed 90 mm. In the case of qualified pilots, if the examinee is over

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

25 years of age, the systolic blood pressure shall not persistently exceed 150 mm. If the examinee is 25 years of age or younger, the systolic pressure shall not persistently exceed 140 mm. A systolic blood pressure of less than 105 mm. disqualifies. A diastolic blood pressure persistently above 95 mm. is disqualifying. Abnormally low diastolic blood pressure should be viewed with concern, particularly with regard to its effect on vasomotor tone while flying. In such cases, the underlying cause should be determined if possible. The condition, if sufficiently marked, may be considered as disqualifying.

*Circulatory Index.*—This index shall be regarded as a valuable check on the physical condition of the examinee. An index below eight shall be regarded as unsatisfactory. No individual shall be rejected because of a single failure to pass the test satisfactorily, but shall be recalled for further observation and study. When the index is persistently below the acceptable limit and is indicative of neurocirculatory asthenia, or other abnormalities of the circulatory system, the examinee shall be disqualified.

(e) *Teeth.*—Evidence of marked malocclusion, especially when associated with a weak or defective dental arch, or with evidence of extensive caries or loss of teeth, shall be cause for rejection.

(f) *Neuropsychiatric Examination.*—Following the completion of the general examination, the examiner shall make a careful study of the examinee's family history for evidence of insanity, familiar traits of psychoneurotic manifestations, degenerations, and inherited deficiencies. The candidate's personal history shall be searched for significant factors which relate to the formative years that affect his personality trend. The infantile period shall be searched for evidence of retardation. Consideration shall be given to examination of the family life, play life, school life, sex life, and a careful search for epileptic equivalents. Determine the family attitude toward flying and the examinee's reaction to the stresses of life and his general emotional response and control. The object of the examination shall be to determine the individual's basic stability and capacity to react favorably to the special stresses encountered in flying. This phase of the examination shall be performed routinely only on applicants for flight training who are otherwise physically qualified.

(g) *Neurological Examination.*—A careful neurological examination shall be made, attention being given to the following examinations and report of findings.

(1) *Pupils.*—Regular, irregular, equal, unequal, do or do not react to light and accommodation.

(2) *Deep sense (Romberg).*—Negative, slightly positive, or pronouncedly positive.

(3) *Deep reflexes: Patellar, biceps, etc.*—Absent (o), diminished (—), normal (+), hyperactive (++), and exaggerated (+++).

(4) *Superficial reflexes: abdominal, cremasteric, etc.*—Any abnormalities found.

(5) *Sensory disturbances.*—Any abnormalities found.

(6) *Motor disturbances.*—Evidence of muscle weakness, paresis, or any other abnormality.

(7) *Trophic disturbances.*—Evidence of atrophy, compensatory hypertrophies, or any other abnormality.

(8) *Tremors.*—State whether fine or coarse, and name parts affected.

(9) *Tics.*—Specify parts affected.

(10) *Cranial Nerves.*—Examine carefully for evidence of impaired function or paresis. It should be remembered that some of the cranial nerves are subject to frequent involvement in a number of important diseases, such as syphilis, meningitis, encephalitis lethargica, and injuries to the cranium.

(11) *Psychomotor Tension.*—Ability voluntarily to relax. This shall be tested by having the examinee rest forearm upon palm of examiner and then testing the tendon reflexes of the forearm with a percussion hammer. The flight surgeon should keep himself informed regarding all indications of staleness in order to recognize the earliest manifestations of that condition.

(12) *Peripheral Circulation.*—Examine for flushing, mottling, and cyanosis of face, trunk, and extremities. Question as to the presence of localized sweating (armpits and palm) and cold extremities. Any abnormalities dis-

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

closed on the neurological examination should be carefully studied and an opinion expressed as to their cause and significance and whether they are sufficient cause for rejection.

21149.5. After the examination has been completed, the examiner shall make an assessment of the individual's qualifications for flying, based upon the physical findings and the result of the neuropsychiatric examination. While no individual will possess all good traits, or all bad ones, the examiner shall summarize his impressions of the individual's aeronautical adaptability, which shall be recorded as favorable or unfavorable. When an individual is found to be physically qualified but his aeronautical adaptability is regarded as unfavorable, the entry of findings on NAVMED-Av-1 as finally recorded, shall be "Physically qualified but not aeronautically adapted." When an individual is found not aeronautically adapted, sufficient comment and information shall be furnished to justify such a conclusion.

## 21150

**Visual Acuity.**—21150.1. **APPARATUS.**—The apparatus for testing visual acuity consists of five Snellen test charts, each with a different arrangement of letters, and a blank card about  $6 \times 9$  cm. Four test charts are cut off so that the 20-foot and successive smaller rows of letters are used. The central chart is left fully exposed. The five charts are arranged in close formation against a neutral-colored wall at the end of the examining room and each is numbered. The numerals must be distinctly visible at a distance of 20 feet. Two 100-watt daylight Mazda lamps with reflectors are installed about four feet above and in front of the test charts to provide uniform illumination. A single 200-watt daylight Mazda lamp in a suitable reflector may be substituted for the above. The switches controlling these lamps and the spotlight used with the phorometer trial frame should be located on the side wall, where they can be reached easily by the examiner as he stands beside the examinee's chair. All windows and other sources of light located in front and to the side of the examinee are shaded during the examination. Other standard appliances acceptable to the Bureau for testing visual acuity may be used in lieu of the apparatus described.

21150.2. **PROCEDURE.**—Upon entering the room, the examinee occupies a chair facing the test charts exactly 20 feet away. In order to prevent study of the letters, the test is begun promptly. The examiner stands at one side of the examinee, using the  $6 \times 9$  cm. blank card to cover the left eye while the right is being tested. Designating one of the small charts by number, the examiner instructs the examinee to read as many letters as possible. When the best vision for the right eye has been obtained, the card is shifted to cover the right eye and the left eye is tested on one of the other small charts. The large (complete) chart is used only when the vision is less than 20/20. The row of smallest letters read correctly determines the numerator of the fraction used in recording visual acuity. The number of smaller letters read in the next line is added to this fraction following the plus sign; for example,  $20/20 + 4$ .

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

21150.3. **PRECAUTIONS.**—Every possible safeguard is thrown around the test to prevent memorizing the charts. Examinees awaiting their visual acuity test are not permitted to remain in the room within sight of the test letters or where they can hear them read aloud. When the examinee is suspected of having memorized the charts, the examiner will select letters in the doubtful lines and have the examinee name them. The small charts should be given a different arrangement from time to time in order to prevent memorizing the letters according to the position of the charts on the wall. One eye is completely screened from the letters while the other is being tested. The use of the hand or of an opaque disk from the trial case as a screen does not insure a monocular test.

21150.4. **INTERPRETATION OF FINDINGS.**—For candidates for flight training, the minimal visual requirement for each eye is 20/20. For qualified and experienced pilots, visual acuity of not less than 15/20 for each eye unaided by glasses may be permitted when the pilot's experience is sufficient to compensate for this departure from normal vision.

## 21151

**Depth Perception at Six Meters.**—21151.1. **APPARATUS.**—Depth perception apparatus may be obtained from the Navy Medical Supply Depot on approved requisition. The apparatus shall be installed in such a manner as to receive adequate illumination without the examinee's being subjected to the direct glare of the light.

21151.2. **PROCEDURE.**—The rods in the box are widely separated by the examiner, and the examinee is required to manipulate the two cords so as to bring the movable rod beside the fixed one in such position that both appear to be the same distance from him. The test is repeated several times, the rods being widely separated before each trial. The examinee's estimation of depth difference is read in millimeters directly from the scale and entered on the record. The test shall be conducted at a distance of 20 feet.

21151.3. **PRECAUTIONS.**—No information concerning the results of the successive trials shall be given the examinee until after the test is completed. The examinee is required to hold his head straight and not to one side or the other. Care shall be taken by the examiner to avoid casting a shadow on the background, to avoid placing the hands so as to give the examinee information as to his error, and to avoid any facial expression from which the examinee might gain information as to the result of his efforts.

21151.4. **INTERPRETATION OF FINDINGS.**—An average depth difference of more than 30 mm. in five readings disqualifies. An erratic result shall necessitate an examination the following day and if still erratic shall disqualify until consistently below 30 mm.

## 21152

**The Maddox-Rod Screen Test at Six Meters.**—21152.1. **APPARATUS.**—A phorometer trial frame equipped with a pair of multiple Maddox rods and a pair of Risley rotary prisms, a blank card about

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

6 x 9 cm., which serves as a screen, and a blank card about 13 x 20 cm., with a 3-cm. hole in its center, shall be used.

21152.2. PROCEDURE.—Before beginning the test, determine the examinee's fixing eye. For this purpose the 13 x 20 cm. card is employed. The examinee, seated, facing the spotlight six meters away, grasps the card by the long sides with both hands. While looking intently at the light, he slowly raises the card at arm's length and locates the light through the hole without closing either eye. Only one eye can see the light through the hole, and the eye selected for this purpose is the one used habitually for sighting or fixing. The phorometer trial frame is now properly leveled and adjusted closely in front of the examinee's eyes. One of the multiple Maddox rods is swung into position before the nonfixing eye. A rotary prism is placed before the same eye. The sighting or fixing eye must have an unobstructed view of the spotlight. For the measurement of esophoria or exophoria, the Maddox rod is adjusted before the non-sighting eye to give a vertical line of light. The rotary prism is adjusted also before the nonsighting eye for the measurement of lateral deviation and set four- or five-prism diopters off the zero mark. This gives enough deflection at the first reading to detect an examinee who has been coached to say the line passes through the light. The 6 x 9 cm. card is moved from one eye to the other a few times to ascertain if the examinee sees both the line and the light. If the line is not seen readily, the Maddox rod is readjusted by centering it carefully in front of the pupil. Some further darkening of the room may be necessary to render the rod clearly visible. When the examinee sees the line with one eye and the light with the other, the examiner holds the card or screen in front of the nonfixing eye to shut out the image of the line. The examinee now sees only the light. After he has fixed it for several seconds, the screen is removed for an instant and quickly replaced. In that brief interval the examinee will be able to see the line and locate it in reference to the light. After one or two such exposures, he will say that the line is to the right or left of the light or possibly through it. He is instructed to grasp the milled head that rotates the prism and turn it to bring the line directly into the light. To enable him to do this, the screen is removed from the eye at intervals and quickly replaced. Finally, the examinee will have rotated the prism enough to cause the line to pass through the light every time the screen is removed. The number of prism diopters necessary to do this is read from the scale of the rotary prism. This is entered on the record as esophoria if the prism is base out, and exophoria if the prism is base in. For the measurement of hyperphoria, the Maddox rod before the nonfixing eye is readjusted to give a horizontal line of light. The rotary prism is also readjusted before the same eye to measure vertical deviation. The screen is used exactly as before to give an occasional glimpse of the line. The number of prism diopters read from the scale is recorded as right hyperphoria if the prism is base down before the right eye, or base up before the left. It is recorded as left hyperphoria if the prism is base up before the right eye or base down before the left. In testing for hyperphoria, the Stevens' frame, which is nor-

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

mally a part of the phorometer mechanism, should be used instead of the large prisms. The Stevens' frame attachment is composed of weaker prisms which are calibrated in tenths of a diopter and therefore permit more accurate readings for hyperphoria.

21152.3. PRECAUTIONS.—The Maddox rod and the measuring prism are used always together before the nonfixing eye and never before the fixing eye. The test gives an inaccurate result if the examinee is permitted to see the line for a longer time than is allowed by the momentary flash exposures described above.

21152.4. INTERPRETATION OF FINDINGS.—Esophoria of more than 4 D., if associated with a prism divergence of less than 4 D., disqualifies, even though the red lens test shows no evidence of diplopia. Esophoria of more than 10 D. disqualifies even if unassociated with any other visual defect. Exophoria of more than 5 D. disqualifies. Hyperphoria of more than 1 D. disqualifies.

## 21153

**Prism Divergence.**—21153.1. APPARATUS.—The phorometer trial frame and a spotlight 1 cm. in diameter shall be used.

21153.2. PROCEDURE.—The examinee is seated facing the spotlight 20 feet away. The rotary prism of the phorometer trial frame is adjusted before one eye so that by turning the milled head the prism will be acting base in. With the prism set at zero on the scale, the examinee should see but one spot of light. As the prism is slowly rotated base in, diplopia will be produced. The number of prism diopters which causes the onset of diplopia is read from the scale and entered on the record as prism divergence.

21153.3. PRECAUTIONS.—The test cannot be made if the examinee has diplopia when the prism is set at zero on the scale. If this condition exists, the examinee is disqualified.

21153.4. INTERPRETATION OF FINDINGS.—When there exists an esophoria at six meters, the prism divergence shall equal or exceed the esophoria in prism diopters. When the esophoria exceeds the prism divergence and both are within acceptable limits, the candidate may be considered qualified provided the red lens test shows no evidence of diplopia. Prism divergence of more than 15 D. or less than 2 D. disqualifies without further evidence.

## 21154

**Red Lens Test.**—21154.1. APPARATUS.—A spectacle trial frame, a red lens from the trial lens case, a small light such as an ophthalmoscope without head, and metric rule or tape shall be used.

21154.2. PROCEDURE.—The examinee is seated in the darkroom facing the dark wall or tangent curtain at 75 cm. distance. The spectacle trial frame is adjusted into position and the red lens from the trial lens case is placed in one cell of the trial frame. With the examinee's head in a fixed position, the small lamp is held directly before the dark wall or tangent curtain at 75 cm. distance from the eyes. The presence or absence of diplopia in this position (primary) is noted. The light is then slowly moved from the central position toward the

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

right for a distance of 50 cm. in the horizontal plane. In the same manner the light is moved in the remaining five cardinal directions, up and to the right, up and to the left, to the left, down and to the left, and down and to the right. The presence or absence of diplopia in any of these positions should be noted. Normally, diplopia should not occur in any meridian within 50 cm. of the primary or central position. In the presence of diplopia, notation should be made as to whether it is crossed, homonomous, or vertical, and the distance in centimeters from the central position that diplopia occurs should be recorded. When diplopia is suspected and the examinee has been coached to deny its presence, a prism of 3 or 4 D. may be placed, either base up or base down, in one cell of the trial frame, and if diplopia is still denied, the statement is obviously untrue.

21154.3. PRECAUTIONS.—The head of the examinee must remain fixed and the movement of the light followed only by the eyes. No tilting or rotation of the face shall be permitted.

21154.4. INTERPRETATION OF FINDINGS.—Diplopia within 50 cm. of the primary position, in any meridian, disqualifies.

## 21155

**Test of Associated Parallel Movements.**—21155.1. APPARATUS.—A pin with a white head 2 mm. in diameter shall be used.

21155.2. PROCEDURE.—The examinee stands near a window where good illumination falls on both eyes. The examiner holds the white headed pin about 33 cm. directly in front of the examinee's eyes and directs him to look at it steadily. Nystagmus in the primary position is to be noted at this stage of the test. The examinee is then instructed to hold his head still and watch the pin as it is moved slowly to his right. The pin is not carried beyond the field of binocular fixation, but is held motionless for a moment near the lateral limit of the field. Each eye is inspected to discover any failure in fixing the pin. The lagging or overaction of either eye is noted. The pin is then carried slowly to the extreme left, up and to the left, straight up, up and to the right, to the extreme right, down and to the right, straight down, and down and to the left. The lagging of either eye in any one of these eight cardinal directions is due to underaction of at least one of the extrinsic ocular muscles. The underaction is recorded by stating which eye lags and in which direction the lagging is observed. In the same way any overshooting of either eye is recorded by stating which eye is involved and in which direction. If any underaction or overaction is revealed by this test, the final diagnosis shall be made on the tangent curtain by means of the red lens test.

21155.3. INTERPRETATION OF FINDINGS.—The examinee is disqualified if the underaction or overaction of any of the extrinsic ocular muscles results in heterophoria at six meters in excess of normal limits, or produces diplopia within 50 cm. of the primary position in any meridian as determined by the red lens test.

## 21156

**Inspection of the Eyes.**—21156.1. PROCEDURE.—Whenever possible, the eyes are inspected by bright daylight. Every pathologic

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

condition and congenital anomaly is recorded. The following conditions may be found by this procedure:

- (a) *Lids*: Ptosis, blepharitis, trichiasis, entropion, ectropion, and chalazion.
- (b) *Tear Sacs*: Imperfect drainage.
- (c) *Lower Puncta*: Failure of contact with bulbar conjunctive.
- (d) *Conjunctivae*: Trachoma and old scars.
- (e) *Corneas*: Scars, pannus, and pterygium.
- (f) *Pupils*: Unequal size, irregular shape, and failure to react to light or accommodation.

21156.2. INTERPRETATION OF FINDINGS.—Any pathologic condition which may become worse or interfere with the proper functioning of the eyes under the fatigue and exposure of flying disqualifies.

## 21157

**Test for Accommodation.**—21157.1. APPARATUS.—The Prince rule, a small millimeter rule, and a card with several rows of small letters shall be used.

21157.2. PROCEDURE.—Accommodation is measured from the anterior focus of the eye, which is about 11.5 mm. in front of the cornea. Using the millimeter rule, make a pencil mark on each side of the examinee's nose 11.5 mm. in front of the right and left cornea, respectively. In measuring the accommodation of the right eye, lay the flat side of the Prince rule against the right side of the examinee's nose, with the end of the rule at the pencil mark. The rule is held horizontally and extends directly to the front, edge up. The card of test letters is held not more than 5 cm. in front of the examinee's right eye. His left is screened from sight of the letters by the flat side of the rule. The card of test letters is now carried slowly away from the eye and the examinee instructed to begin reading the letters aloud as soon as they become legible. The card is halted the instant he begins to read the letters correctly and the point on the rule opposite the card is read off in diopters. This is the measure of accommodation of the right eye. To test the left eye, change the rule to the left side of the nose and repeat the above procedure, using a different line of letters.

21157.3. PRECAUTIONS.—The examinee is placed with his back to good light, with the card well illuminated. The card is started from close to the eyes and carried away from them. The letters on the test card are read aloud. The same line of letters is not used for testing both eyes.

21157.4. INTERPRETATION OF FINDINGS.—The following table gives the mean values of accommodation in diopters from 18 to 50 years of age. Accommodation may be regarded as within normal limits provided it is not more than 3 D. below the mean for the examinee's age. The examinee is disqualified if his accommodation falls more than 3 D. below the mean for his age, but before an examinee is disqualified, his accommodation shall be taken on three successive days

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

and an average of the three findings determined. Accommodation may be affected by fatigue, staleness, or other debilitating conditions.

*Table of Mean Values of Accommodation Power (Duane)*

Age	Diopters	Age	Diopters	Age	Diopters	Age	Diopters
18.....	11.9	25.....	10.2	31.....	8.6	37.....	6.8
19.....	11.7	26.....	9.9	32.....	8.3	38.....	6.5
20.....	11.5	27.....	9.6	33.....	8.0	39.....	6.2
21.....	11.2	28.....	9.4	34.....	7.7	40.....	5.9
22.....	10.9	29.....	9.2	35.....	7.3	45.....	3.7
23.....	10.6	30.....	8.9	36.....	7.1	50.....	2.0
24.....	10.4						

## 21158

**Angle of Convergence.**—21158.1. **NEAR POINT OF CONVERGENCE (PcB).**—The Prince rule and a pin with a white head 2 mm. in diameter shall be used. The distance to the near point of convergence is computed from the base line connecting the centers of rotation of the eyes. The end of the Prince rule is placed, edge up, at the mark on the right side of the nose, 11.5 mm. in front of the cornea. The white-headed pin is held 33 cm. away in the median line above the edge of the rule and the examinee is instructed to look at it intently. If both eyes are seen to converge upon the pin, it is then carried in the median line, along the edge of the rule, toward the root of the nose. The examinee's eyes are carefully watched and the instant one is observed to swing outward the limit of convergence has been reached. The point on the rule opposite the pin is then read in millimeters. This test is repeated until a fairly constant reading is obtained. To this reading 25 mm. is added, which will give approximately the distance from the near point of convergence to the base line, PcB. Both eyes must converge upon the pin at the start of the test. The examinee's observation of the onset of diplopia is not relied upon to determine the near point, although he is asked to state when he sees double. The near point of convergence, unlike the near point of accommodation, varies little with age. Its measurement is of value only in computing the angle of convergence. Examinees are not qualified or disqualified on this measurement, but on the angle of convergence.

**21158.2. INTERPUPILLARY DISTANCE (PD).**—A small millimeter rule is used. The examiner stands with his back to the light, face to face with the examinee. The rule is held in the examiner's right hand and laid across the examinee's nose in line with his pupils, as close to the two eyes as possible. The examiner closes his right eye and instructs the examinee to fix his eyes on the open left eye. With the eyes in this position, a predetermined mark on the rule is placed in line with the nasal border of the examinee's right pupil. The rule must be held steadily in this position while the examiner opens his right eye and closes his left. The examinee is then instructed to look at the open right eye. The point on the rule in line with the temporal

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

border of the examinee's left pupil is read in millimeters and the exact difference in millimeters between the two points on the rule is the interpupillary distance.

21158.3. **COMPUTING THE ANGLE OF CONVERGENCE.**—The following formula is used for computing the angle of convergence: Angle of

convergence =  $\frac{\frac{1}{2}PD \times 100 + 3}{PcB}$ . An angle of convergence of less

than 40° is undesirable, but is not disqualifying unless associated with excessive exophoria, or diplopia on the tangent curtain. Diplopia in the extreme positions on the tangent curtain shall not be considered disqualifying.

## 21159

**Central Color Vision.**—Color vision shall be tested by means of the American Optical Company *Pseudo-Isochromatic Plates for Testing Color Perception*, 1940. The examinee is placed with his back to good light (natural light is preferable) in such a manner as to insure that the plates of the chart are illuminated and free of shadow. The plates are exposed to the examinee, who is required to call the numbers or letters indicated in the colored chart. The examinee may be permitted to tilt or alter the position of the charts to improve the light. The instructions in the A. O. C. chart book shall be followed, and the requirements of paragraph 2125.3 shall apply.

## 21160

**Field of Vision.**—21160.1. The examiner faces the examinee at a distance of 2 feet. He instructs the examinee to close his left eye and to fix his right eye on the examiner's left eye, the examiner's right eye being closed. The examiner then brings his moving fingers in from the periphery midway between them. The examinee is instructed to say when he sees the fingers, and how many. He should see them as soon as the examiner, if normal. The fingers are brought in from all cardinal directions. The test is then repeated for the left eye. Any evidence of abnormality should be given detailed study on the perimeter.

21160.2. The field of vision for each eye shall be normal as determined by the finger fixation test. When there is evidence of abnormal contraction of the field of vision in either eye, the examinee shall be subjected to perimetric study for form and color. Any contraction of the form field of 15° or more in any meridian shall disqualify.

## 21161

**Refraction.**—21161.1. Refraction of the eyes shall not be required on original or routine examination, but shall be performed in special cases only, when so indicated. An electric retinoscope, or a plain retinoscope and a wall lamp, a trial case and trial frame, Snellen test type, and a cycloplegic shall be used.

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

21161.2. The tension of both eyes must be taken by palpation and found normal before instilling a cycloplegic. The fundus of both eyes must also be examined with the ophthalmoscope, and if evidences of glaucoma are found a cycloplegic shall not be used. One drop of a 4 percent homatropine solution is placed in each eye every 10 minutes until four instillations have been made. At the end of one hour from the time of the first instillation, the examinee is ready for refraction. Retinoscopic examination is conducted in the darkroom and the results of the refraction are then verified by having the examinee read the Snellen charts. The minimum correction required to enable the examinee to read 20/20 each eye is recorded, together with the true correction as determined by retinoscopy.

21161.3. The examinee is disqualified if he requires more than 2 D. total correction in any meridian in order to read 20/20 each eye with the accommodation paralyzed. Of this allowable correction not more than a total of 0.5 D. shall be due to any form of myopia or astigmatism or any combination thereof.

21161.4. After the use of a cycloplegic the examinee must wear dark glasses until the effects have disappeared. The instillation into each eye of a 1 percent solution of pilocarpine hydrochloride in distilled water will contract the pupil and thus relieve the photophobia.

## 21162

**Ophthalmoscopic Examination.**—21162.1. The examination shall not be required on original or routine examination, but shall be performed in special cases only, when so indicated. The examination must not be made before the refraction is completed. In examining the macular region of the retina, the light should be reduced and the exposure made as brief as possible.

21162.2. Any abnormality disclosed on ophthalmoscopic examination that materially interferes with normal ocular function disqualifies. Other abnormal disclosures indicative of disease, other than those directly affecting the eyes, shall be considered with regard to the importance of those conditions.

## 21163

**Ear.**—21163.1. **GENERAL.**—The external auditory canals and membranae tympani are examined by means of a speculum and good light. Wax interfering with a good view of the tympanum must be removed from the external auditory canal. If internal to the bend of the canal, the canal should be filled with a bland oil and blocked with cotton. The following day thorough washing of the external canal with a solution of sodium bicarbonate will remove the wax. The external canal is then examined throughout. Any serious permanent blocking of the canal or diseased condition which threatens trouble later on, such as the impairment of hearing, disqualifies. The membranae tympani are then examined. A perforation or evidence of present inflammation disqualifies. The presence of a small scar, caused by trouble several years previously which has not re-

## SECTION XXV. AVIATION: INSTRUCTIONS AND REQUIREMENTS

curred and with which there is no deficiency of hearing and no evidence of other inflammation, does not disqualify. Marked retraction of a drum membrane, following chronic ear disease, disqualifies.

21163.2. **HEARING TESTS.**—Hearing should be normal for each ear. To determine this the following tests shall be used. A quiet room is essential.

(a) *Whispered-Voice Test.*—The examinee should stand 15 feet from the examiner with the ear being tested turned toward him, the other ear being covered or closed. The examiner, after full expiration, will whisper a number or word and require the examinee to repeat it after him. Each ear shall be tested in turn. If the examinee is unable to hear at 15 feet, the examiner shall approach until he is able to distinguish the words or numbers, the distance being recorded in feet with 15 as the denominator.

(b) *Clock Test.*—The clock test should be made using the standard ward desk clock, Stock No. 6-075, *Supply Catalog, Medical Department*, according to the instructions of paragraph 2130. The distance in inches at which the clock is heard by the examinee, with eyes closed and opposite ear occluded, is taken as the numerator and the distance the clock should be heard as the denominator. Hearing by this test should be equivalent to 40/40.

(c) *Coin-Click Test.*—An assistant closes the ear not under examination. The examiner, 20 feet back of the examinee, then clicks two coins softly together and the examinee is directed to count, aloud, the number of clicks each time. The other ear shall then be tested in a similar manner. If the candidate is unable to hear the click, the examiner will approach until he does hear, the distance being recorded in feet. Hearing by this test should be equivalent to 20/20.

21163.3. If the examiner is convinced from the results of the several tests that definite impairment of hearing exists, he shall reject the examinee if he is an applicant for aviation training. In case of a qualified flyer, however, due allowance shall be made.

## 21164

**Naso-pharynx.**—In the examination of the naso-pharynx the examiner shall, in general, be guided by the instructions and requirements prescribed for the general service as outlined in paragraphs 2148 and 2149 of this chapter. Any abnormality disclosed on examination indicating an estimated 50 percent or more of nasal obstruction, acute or chronic sinusitis, acute or chronic tonsillitis, nasal blockage, mechanical obstruction to drainage of accessory sinuses, occlusion of one or both eustachian tubes, or other abnormalities which may seriously interfere with normal function, shall be cause for rejection.

## 21165

**Equilibrium (Vestibular Tests).**—21165.1. **BARANY CHAIR TEST.**—The nystagmus and falling after turning are tested, when practicable, on original examination and when otherwise indicated. Where facilities are not available, or circumstances do not permit of the test, then the examination shall be limited to the self-balancing test as outlined below. Inasmuch as the self-balancing test is in effect a modified Romberg test, all examinees shall undergo that test as a regular part of their examination.

21165.2. **NYSTAGMUS.**—Examinee's head is inclined 30° forward, so

## PT. II, CH. 1. PHYSICAL EXAMINATIONS

that the tragus of the ear is on a horizontal line with the external canthus of the eye. The examinee is then asked to fix his eyes on a distant point and the chair turned slowly from side to side in order to note whether or not spontaneous nystagmus is present. Then turn the examinee to the right, with eyes closed, 10 times in exactly 20 seconds. The instant the chair is stopped, click the stop watch; the examinee opens his eyes and looks straight ahead at some distant point. There should occur a horizontal nystagmus to the left of 26 seconds' duration. A variation of 10 seconds above or 12 seconds below is allowable.

21165.3. FALLING.—The examinee's head is inclined  $90^\circ$  forward, resting his forehead on his upper fist, his fists being placed one above the other on his knees, which are brought close together. He should then be turned to the right, five times in 10 seconds. On stopping, the examinee raises his head and should fall to the right. This tests the vertical semicircular canals. The examinee should then be turned to the left, his head forward  $90^\circ$ ; on stopping, he raises his head and should fall to the left.

21165.4. SELF-BALANCING TEST.—The applicant stands erect, without shoes, with heels and large toes touching. He then flexes one knee to a right angle, being careful not to support it against the other leg, closes his eyes, and endeavors to maintain this position for 15 seconds. The test is then repeated on the other foot. The findings are recorded as "Steady," "Fairly Steady," "Unsteady," or "Failed." The applicant should be instructed that this is the equilibrium test. There is no objection to his assisting his balance by moving and bending back and forth.

21165.5. INTERPRETATION OF FINDINGS.—Inability to pass the tests for equilibrium satisfactorily shall be cause for rejection.

## PART II—CHAPTER 2

### HEALTH AND IDENTIFICATION RECORDS

	Paragraphs
Section I. DESCRIPTION .....	221
II. OPENING OF HEALTH RECORD .....	222-224
III. CUSTODY OF HEALTH RECORD .....	225-2211
IV. CHANGE IN RANK, RATE, OR STATUS .....	2212-2215
V. NAVMED-H-2 (PHYSICAL EXAMINATION) ...	2216-2218
VI. NAVMED-H-8 (MEDICAL HISTORY) .....	2219-2226
VII. NAVMED-H-4 (DENTAL RECORD) .....	2227-2234
VIII. NAVMED-H-3 (IMMUNIZATION RECORD) ...	2235-2236
IX. NAVMED-H-3a (SPECIAL DUTY ABSTRACT)..	2237
X. NAVMED-H-5 (ABSTRACT OF SERVICE AND ABSTRACT OF MEDICAL HISTORY) .....	2238-2239
XI. NAVMED-H-9 (AVIATION MEDICAL ABSTRACT)	2240
XII. NAVMED-H-6 (VENEREAL DISEASE ABSTRACT) AND NAVMED-H-7 (ABSTRACT OF ANTILUETIC TREATMENT) .....	2241-2242
XIII. TERMINATION OF HEALTH RECORDS .....	2243-2246
XIV. IDENTIFICATION RECORDS .....	2247-2251
XV. ARMY PERSONNEL .....	2252

#### SECTION I. DESCRIPTION

	Paragraph
Description .....	221

#### 221

**Description.**—221.1. The Health Record is composed of NAVMED-H-1 (cover), NAVMED-H-2 (Physical Examination), NAVMED-H-3 (Immunization Record), NAVMED-H-3a (Special Duty Abstract), NAVMED-H-4 (Dental Record), NAVMED-H-5 (Abstract of Service and Abstract of Medical History), and NAVMED-H-8 (Medical History). If required, there are included NAVMED-H-6 (Venereal Disease Abstract), NAVMED-H-7 (Abstract of Antiluetic Treatment), and NAVMED-H-9 (Aviation Medical Abstract).

221.2. No forms, reports, photographs, or other papers shall be attached to or inserted in a Health Record except the current copy of NAVMED-Av-1 (Report of Physical Examination for Flying), when indicated, which may be folded and inserted within the covers without permanent attachment. NAVMED-Av-1 shall bear the endorsement of the Bureau.

#### SECTION II. OPENING OF HEALTH RECORD

	Paragraph
General .....	222
Officers and Midshipmen .....	223
Enlisted Personnel .....	224

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

## 222

**General.**—222.1. A Health Record shall be opened whenever an individual becomes a member of the Navy or Marine Corps or the Naval or Marine Corps Reserve, whenever an individual on the retired list is returned to active duty, or whenever the original record is lost or destroyed.

222.2. The full name, corresponding with that on the Service Record; rank or rate and file or service number; and date and place of birth shall be entered on NAVMED-H-1, NAVMED-H-2, and NAVMED-H-8. The full name, file or service number, and date and place of birth shall be entered on NAVMED-H-9. The full name and date and place of birth shall be entered on each other sheet except NAVMED-H-3a. The name shall be typed without abbreviations. The surname, in capital letters and underlined, shall precede. The rank or rate should be spelled out, but where sufficient space is not provided standard abbreviations as established by the *Bureau of Naval Personnel Manual* and the *Marine Corps Manual* may be used.

## 223

**Officers and Midshipmen.**—223.1. A Health Record shall be opened by the president of the board of medical examiners, or a member designated by him, whenever a commissioned or warrant officer of the regular Navy or Marine Corps is appointed from civil life. For the procedure when a midshipman receives appointment as a commissioned officer, reference should be made to paragraph 2214. For procedure when an enlisted person is given a temporary or permanent appointment as a commissioned or warrant officer, reference should be made to paragraph 2212.2.

223.2. Health Records for Naval Reserve officers appointed from civil life shall be prepared in Offices of Naval Officer Procurement upon execution of acceptance and oath of office by the officer concerned and shall be forwarded to the initial place of active duty after physical examination for such purpose has been successfully completed. In the case of officers who are to be physically examined for active duty at locations other than Offices of Officer Procurement, Health Records shall be forwarded by such offices to the place of physical examination, as indicated by endorsement on initial active duty orders. Health Records of Naval Reserve officers who are appointed from civil life other than through Offices of Naval Officer Procurement shall be prepared and forwarded in a similar manner. Copies of NAVMED-H-2 and NAVMED-H-4 shall be forwarded to the Bureau.

223.3. When an officer of the Nurse Corps or Naval Reserve Nurse Corps reports for active duty, a Health Record shall be opened by the medical examiner and continued throughout her service. Copies of NAVMED-H-2 and NAVMED-H-4 shall be forwarded to the Bureau.

223.4. A Health Record shall be opened by the president of the board of medical examiners, or a member designated by him, when an individual is appointed a midshipman. Copies of NAVMED-H-2 and

## SECTION III. CUSTODY OF HEALTH RECORD

NAV MED-H-4 shall be forwarded to the Bureau. The Health Record shall be continued intact until termination of service as a midshipman (par. 2214).

## 224

**Enlisted Personnel.**—224.1. Upon enlistment in the Navy or Marine Corps, or Naval or Marine Corps Reserve, a complete Health Record shall be opened by the medical examiner. Copies of NAV MED-H-2 and NAV MED-II-4 shall be forwarded to the Bureau.

224.2. If an individual is enlisted with physical disabilities which have been waived, his physical condition shall be fully described in his Health Record. Physical defects of any nature noted during the examination for entry into the service shall be carefully recorded. Reference should be made to paragraph 2218.

## SECTION III. CUSTODY OF HEALTH RECORD

	Paragraph
Responsibility of Medical Officer .....	225
Transfers to Ships or Stations .....	226
Transfers to Naval Hospitals .....	227
Transfers to Other Than Naval Hospitals .....	228
Reserve Personnel on Inactive List.....	229
Nurse Corps Officers .....	2210
Lost, Damaged, or Destroyed Health Records .....	2211

## 225

**Responsibility of Medical Officer.**—225.1. The Health Record of each officer and enlisted person on active duty shall be retained in the custody of the medical officer of the ship or station to which the individual is attached (Art. 1163, *Navy Regulations*). On small ships or at stations where there are no medical officers, the Health Records may be placed in the custody of other representatives of the Medical Department at the discretion of the commanding officer. Health Records of all personnel shall be checked at frequent intervals to see that they are complete and up to date.

225.2. All Medical Department personnel having custody of Health Records shall keep a record of the receipt and disposition of such records. The receipt and disposition record shall be retained as a part of the permanent medical department files of the ship, station, or hospital.

225.3. Health Records of officers and enlisted personnel shall be subject to inspection at any time by the commanding officer and his superiors in the chain of command or the fleet medical officer; otherwise, they shall be considered confidential. Reference also should be made to paragraph 12B25.2.

225.4. When a Health Record is received, the medical officer shall examine it carefully, correct all errors as directed in paragraph 225.9, supply omissions, and, if necessary, request additional data, via official channels, from the medical officer by whom the record was forwarded.

225.5. Each officer is required to notify the medical officer in case

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

of detachment, promotion, or of orders to appear before a medical board for medical survey, promotion, or retirement. When notified that an officer is ordered to appear before a board and that a physical examination will be involved, the medical officer shall forward the Health Record through the commanding officer, or, if that is impracticable, direct to the senior member of such board.

225.6. When an officer is discharged from treatment at a naval hospital by T (TRANSFERRED) and directed to proceed to his official residence to await action of a naval retiring board, the naval hospital having custody of his records shall make appropriate entries in the Health Record showing that the officer concerned has been ordered to proceed to his official residence to await action of a naval retiring board, and shall forward the Health Record to the commandant of the officer's home district. The hospital shall enter the officer's official residence in the Health Record.

225.7. The names of medical officers and other authorized Medical Department personnel making entries in Health Records shall be typed or printed under their signatures.

225.8. The senior medical officer of the ship or station shall approve all entries made in Health Records under his cognizance or enter his reasons for disapproval.

225.9. In the event an erroneous entry is made in a Health Record, such entry shall not be stricken out. An additional entry shall be made showing wherein and to what extent the original entry is in error.

225.10. Each medical officer is responsible for the completeness of the entries on Health Record sheets when they leave his custody. No sheet shall be removed from the Health Record except (a) NAVMED-H-4 under the conditions specified in paragraphs 2230.2 and 2230.3; and (b) NAVMED-H-8 under the conditions specified in paragraphs 2215.3, 2221.4, 2221.5.

225.11. Stragglers' Health Records should be requested from their regular ships or stations. In case of desertion, reference should be made to paragraph 2243.4.

225.12. When an individual disappears and the facts regarding such disappearance are insufficient to justify a conclusion of death, a complete résumé of the circumstances shall be entered on NAVMED-H-8 in the Health Record. The Health Record shall not be terminated, but shall be forwarded to the Bureau showing the individual as "Missing" or "Missing in Action," as the case may be.

## 226

**Transfers to Ships or Stations.**—226.1. When personnel are transferred the medical officer shall make the necessary entries in their Health Records (Art. 1201, *Navy Regulations*).

226.2. When an officer is ordered to active duty or to another ship or station he may be allowed to deliver his Health Record in person; otherwise it shall be forwarded via official channels. When an enlisted person is transferred his Health Record shall be forwarded via official channels, except as noted in paragraph 227.

## SECTION III. CUSTODY OF HEALTH RECORD

226.3. If officers or enlisted personnel are ordered to duty where there is no medical officer or other Medical Department representative, or whenever the destination is not obvious, the Health Records shall be forwarded to the Bureau with an explanatory letter.

226.4. Unless otherwise directed, an officer of the Navy or Marine Corps ordered to the Navy Department for duty shall deliver his Health Record to the Records Office, Naval Dispensary, Navy Department, Washington, D. C.

226.5. When naval or Marine Corps personnel are ordered to participate in a foreign service expedition, and it is inadvisable to take Health Records, entries shall be made on NAVMED-H-8's, to be inserted subsequently into the Health Records. The Health Records shall be retained in the staging areas in such cases. When Navy or Marine Corps personnel embark on Army transports their Health Records shall be sent with them if practicable.

## 227

**Transfers to Naval Hospitals.**—When a patient is transferred to a naval hospital, his Health Record shall be given into the hands of a competent person, and delivered, with the patient, to the official receiving the patient.

## 228

**Transfers to Other Than Naval Hospitals.**—228.1. When a naval or Marine Corps patient is transferred to a hospital other than a naval hospital, the custody of his Health Record shall be maintained as follows:

(a) It shall be retained by the activity having custody of the Health Record if (1) the transfer is temporary and/or the patient is expected to return soon to his activity; or (2) the activity is within, or operates from a port in, the same naval district as the hospital. Upon return of the patient to the transferring activity, the medical officer having custody of the Health Record shall enter on the NAVMED-H-5 (Abstract of Medical History) the date of admission to the hospital, the diagnosis, the date of discharge, and the number of sick days for the disability for which hospitalized. A résumé of the case may be entered on NAVMED-H-8. The medical records as received from the hospital at which the individual was treated then shall be forwarded to the Bureau.

(b) When hospitalization is to be prolonged, the Health Record shall be closed by T (TRANSFERRED) to the headquarters of the district within which the hospital is located if (1) the transferring activity is in another district; or (2) the transferring activity is a ship which sails to a port outside the district. The headquarters shall take up the case by FT (FROM TRANSFER) and continue it until disposition is made (pars. 233.4, 234, 236, and 237).

228.2. Removal to a foreign hospital shall be noted in the patient's Health Record, but this shall not be considered as an official transfer to the hospital. The Health Record shall be retained and continued on board the ship until the patient returns to duty, is transferred

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

to another naval activity, or until the ship leaves port. On departure of the ship from the port, the patient shall be officially transferred on the sick list to any other United States naval vessel remaining in the port (pars. 234, 236, and 237). The medical officer of the ship to which the patient is transferred is responsible for continuing the Health Record. If, on departure of the ship, there is no other United States naval vessel remaining in port, the medical officer shall forward the Health Record of the patient to the nearest consular officer via the commanding officer. The record in each instance shall state that it is to accompany the patient if transferred elsewhere, or to be forwarded to the commanding officer of the next naval vessel arriving in port if such procedure is practicable. Upon arrival of a ship in a foreign port, her medical officer shall, if practicable, take charge of all such cases and shall continue their Health Records. He shall interest himself in their welfare, report their progress to his commanding officer, and suggest any measures that he may consider necessary for their welfare.

228.3. When patients are received aboard ship for transportation, the medical officer shall continue their Health Records as FT (FROM TRANSFER) and account for them in the same manner as for the sick of the ship.

## 229

**Reserve Personnel on Inactive List.**—229.1. The Health Record of an officer or enlisted person of the Naval Reserve on the inactive list shall be retained on file in the office of the district medical officer.

229.2. The Health Record of an officer or enlisted person of the Marine Corps Reserve on the inactive list shall be retained in the custody of the reserve area commander.

## 2210

**Nurse Corps Officers.**—The Health Record of an officer of the Nurse Corps shall be retained in the custody of the senior Nurse Corps officer of the ship or station to which the officer of the Nurse Corps is attached. Upon transfer, the senior Nurse Corps officer shall forward the Health Record to the senior Nurse Corps officer of the ship or station to which the officer is transferred.

## 2211

**Lost, Damaged, or Destroyed Health Records.**—2211.1. If a Health Record is lost or destroyed, the medical officer shall notify the Bureau, giving the name in full, file or service number, rank or rate, date and place of birth, and a statement of the circumstances under which lost or destroyed. A complete new Health Record shall be opened. If the missing record should be recovered, any additional information or entries in the new record shall be inserted in the old record. The Bureau does not issue a duplicate Health Record if the original is legible.

2211.2. Health Records which become illegible, thus destroying

## SECTION IV. CHANGES IN RANK, RATE, OR STATUS

their value as permanent records, shall be duplicated. The duplicate shall, as nearly as possible, be an exact copy of the original record before such original record became illegible. Particular care shall be taken in transcribing the data on NAVMED-H-2 into the new record as such information may be required by the Veterans Administration to determine the individual's rights to a pension or other Federal benefits. The new record shall be stamped or marked "Duplicate" on the cover. The circumstances necessitating the duplication shall be explained in a note on NAVMED-H-8. Health Records replaced by duplicate records shall be forwarded to the Bureau with a letter of transmittal.

## SECTION IV. CHANGES IN RANK, RATE, OR STATUS

	Paragraph
Officers .....	2212
Nurse Corps Officers .....	2213
Midshipmen .....	2214
Enlisted Personnel .....	2215

## 2212

**Officers.**—2212.1. When an officer of the Navy, Marine Corps, Naval Reserve, or Marine Corps Reserve is examined for permanent promotion a new NAVMED-H-2 shall be prepared and entered in the Health Record. The old NAVMED-H-2 shall be closed out and retained in the Health Record for comparison and reference. The new rank shall be noted on the Health Record cover, on the new NAVMED-H-2, and an entry shall be made on NAVMED-H-8 showing the rank and date of promotion. Any previous waivers of physical defects shall be entered on the new NAVMED-H-2 (par. 21113.3).

2212.2. In case of a temporary promotion, the advanced rank shall be entered on the cover of the Health Record, on the abstracts, and on NAVMED-H-8. The same procedure shall be followed when an officer reverts to his former rank. If an officer receives a permanent commission while serving in a temporary rank, the directions in paragraph 2212.1 shall be followed.

## 2213

**Nurse Corps Officers.**—When an officer of the Nurse Corps Reserve is appointed in the regular service, the original Health Record shall be continued. A new NAVMED-H-2 shall be prepared and entered in the Health Record. The old NAVMED-H-2 shall be closed and retained in the Health Record for comparison and reference. Appropriate notations shall be made on the cover, current NAVMED-H-8's, and on the abstracts.

## 2214

**Midshipmen.**—When a midshipman is commissioned as an officer in the Navy or Marine Corps, a notation shall be made on the cover of the Health Record, a new NAVMED-H-2 completed, and the medical abstracts and NAVMED-H-4 retained (par. 223.4). The old NAVMED-H-2, properly terminated, NAVMED-H-8's containing en-

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

tries, and the record of vision and hearing shall be forwarded to the Bureau.

## 2215

**Enlisted Personnel.**—2215.1. Upon advancement of an enlisted man in rating the commanding officer shall notify the medical officer, who shall enter the new rate on the cover of the Health Record.

2215.2. For procedure in case an enlisted person is given an acting or temporary appointment as a warrant or commissioned officer, reference should be made to paragraph 2212.2.

2215.3. Upon immediate reenlistment, or extension of enlistment, a new NAVMED-H-2 shall be prepared and a copy forwarded to the Bureau. The cover and abstracts shall be retained. The old NAVMED-H-2 shall be terminated and forwarded to the Bureau, accompanied by all NAVMED-H-8's containing entries.

2215.4. If the individual does not reenlist immediately, the Health Record shall be closed and forwarded in its entirety to the Bureau. Upon delayed reenlistment, a new NAVMED-H-2 only shall be prepared by the medical officer and the complete Health Record of previous enlistment, with the exception of NAVMED-H-2, shall be requested from the Bureau. Entries indicating reenlistment shall be made on the cover and on NAVMED-H-5 (Abstract of Service).

2215.5. When an enlisted person is transferred to the Fleet Reserve or Fleet Marine Corps Reserve a new NAVMED-H-2 shall be prepared. The old NAVMED-H-2 shall be closed out and forwarded to the Bureau, accompanied by all NAVMED-H-8's containing entries. The abstracts shall be retained. Any physical defects noted shall be carefully recorded on NAVMED-H-2 and on NAVMED-Y or NAVMED-M (par. 21118.3). The Health Record shall be marked "Fleet Reserve" on the cover and forwarded to the office of the district medical officer in the naval district to which the individual will be attached.

## SECTION V. NAVMED-H-2 (PHYSICAL EXAMINATION)

	Paragraph
Instructions .....	2216
Physical Characteristics .....	2217
Waivers .....	2218

## 2216

**Instructions.**—2216.1. NAVMED-H-2 (Physical Examination), also referred to as the descriptive sheet, shall be typewritten, if possible. It shall be completed at the time of the physical examination if all information is available. In case the place and date of enlistment, appointment, or promotion are not determined at the time of the examination, such information shall be entered as soon as it is determined and a copy of the completed sheet forwarded to the Bureau.

2216.2. Previous service in the armed forces, and the branch or branches in which such service was performed, shall be entered; for example, USA—4 years, USMC—8 years, USN—3 2/12 years.

## SECTION VI. NAVMED-H-8 (MEDICAL HISTORY)

2216.3. All diseases, injuries, and operations sustained by an individual, according to his statement, prior to entering the Navy shall be entered with the date of each; for example, Pneumonia—1938, Appendectomy—1935. If space on NAVMED-H-2 for these entries is insufficient, they shall be made on the first NAVMED-H-8.

2216.4. Under the place of birth, the entry shall include the city, town, or village and the state; if the individual was born in a foreign country, the name of the country shall be entered.

2216.5. The color of the hair shall be entered as flaxen, sandy (yellow-red), auburn (red-brown), brown (light, medium, or dark), black, gray, etc. If the hair is curly, wooly, or very thin, or if the person is bald, this also shall be noted.

2216.6. The complexion, described as accurately as possible, shall be stated as pallid, sallow, fair (only when decidedly clear), ruddy, florid, dark (tawny, sunburned, or tanned), very dark (swarthy or dusky), mulatto, Negro, etc.

2216.7. Color perception shall be stated as normal only when designated color plates are read correctly. The numbers of the American Optical Company *Pseudo-Isochromatic Plates*, 1940, incorrectly read, shall be listed.

## 2217

**Physical Characteristics.**—Entries shall be made of marks and scars in accordance with instructions in paragraph 2249.7. Any marks and scars noted subsequent to the original examination shall be entered on the back of NAVMED-H-2, dated, and signed by the Medical Department representative making the entry. Entries also shall be made describing prominent physical characteristics, not inconsistent with bodily vigor or not in such degree to constitute cause for rejection; for examples, leanness or the reverse; hirsuteness; slight asymmetry of body or limb; knock-knees or bow-legs; flat feet or low arches; peculiarities of the teeth or genitalia; slight varicocele; relaxed inguinal rings; etc.

## 2218

**Waivers.**—The date and nature of any waiver of physical disability shall be entered on NAVMED-H-2 in the Health Record. For instructions to be followed when a waiver is requested reference should be made to paragraph 2110.

## SECTION VI. NAVMED-H-8 (MEDICAL HISTORY)

	Paragraph
General Instruction for Entries .....	2219
Entries Upon Admission to Sick List .....	2220
Physical Examination Entries .....	2221
Veneral Disease Entries .....	2222
Sickness on Leave, Etc. ....	2223
Patients in Custody of Civil Authorities .....	2224
Other Entries .....	2225
Examples of Entries .....	2226

## 2219

**General Instruction for Entries.**—2219.1. Entries on NAVMED-H-8 (Medical History) shall be typewritten when practicable, and

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

shall be signed by the medical officer or the Medical Department representative having cognizance of the case.

2219.2. The medical history shall be continuous. Care shall be taken to number each page consecutively and to enter the full name, rank or rate, file or service number, date and place of birth, and ship or station, on each sheet.

2219.3. For information on NAVMED-H-8 for Army personnel in Navy medical units, reference should be made to Section XV below.

## 2220

**Entries Upon Admission to Sick List.**—2220.1. Entries shall be made on NAVMED-H-8 when an individual is admitted to the sick list.

2220.2. Daily entries are not required in such cases, but entries should be made as often as necessary (at least once a week), giving concisely all essential details concerning the diagnosis, origin, symptoms, course, and treatment. All facts concerning the origin of the disease shall be noted, and, if a conflicting opinion is expressed subsequently by the same or another medical officer, the reason for such change shall be fully stated.

2220.3. Injuries and poisonings shall be classified in accordance with paragraphs 2318 and 2319.

2220.4. The entries for each case from admission (A, ACD, RA, FT, AD, EC, FS, or “—”) to disposition (D, T, C, DD, RAN, IS, or “—”) shall be complete with regard to place, dates, number of sick days, diagnosis of all disabilities for which treated, and signature of the medical officer. The record need not be voluminous, but it shall be thorough, concise, clearly phrased, and complete in each case.

2220.5. Upon admission of a naval or Marine Corps patient to the sick list, the medical officer is required to enter on NAVMED-H-8 whether the disease or injury was or was not suffered in line of duty and was or was not due to the patient's own misconduct. Reference should be made to Part III, Chapter 2.

2220.6. For the entry on NAVMED-H-8 when a person is admitted to the sick list for a complication or sequela of a primary disability which is not present at the time of admission, reference should be made to paragraph 233.3(d).

## 2221

**Physical Examination Entries.**—2221.1. Entries shall be made on NAVMED-H-8 each time an officer is given a physical examination, including findings and recommendations of a board for promotion or retirement, examinations for special duty (aviation, submarine, etc.), and defects noted during the annual physical examination.

2221.2. All physical examinations given members of the Naval Reserve, both officers and enlisted personnel, shall be entered, including examinations when reporting for, or being released from active duty.

2221.3. Entries shall be made each time an enlisted person is given

## SECTION VI. NAVMED-H-8 (MEDICAL HISTORY)

a physical examination including the preliminary examination for warrant rank (Art. D-6202 (2), *Bureau of Naval Personnel Manual*), appointment to warrant rank (Arts. D-6203 (3) and D-6204 (1), *Bureau of Naval Personnel Manual*), appointment to Naval Academy Preparatory School (Art. D-6103 (1) (c), *Bureau of Naval Personnel Manual*), entrance to Naval Academy (Art. D-6107 (1) (c), *Bureau of Naval Personnel Manual*), examinations for discharge, reenlistment, extension of enlistment, transfer, change of rating, special duties (aviation, diving, submarine service, etc.), and all other physical examinations. When appropriate, such examinations shall be noted on NAVMED-H-3a or on NAVMED-H-9.

2221.4. As soon as practicable after the end of the calendar year, medical officers having custody of officers' Health Records shall forward to the Bureau the NAVMED-H-8's containing entries. If the individual is on the sick list at the time the procedure shall be delayed until the case is closed. Each NAVMED-H-8 so forwarded shall contain an entry indicating the results of the annual physical examination, or, if an annual physical examination has not been made, an entry shall be made indicating the results of the special physical examination made during the year which obviated the necessity for the annual examination. The full name and rank and date and place of birth shall be entered on each NAVMED-H-8 (*General Order No. 191*, May 28, 1943). When circumstances have warranted a special examination (*General Order No. 191*, May 28, 1943), the completed NAVMED-Y or NAVMED-AV-1 shall be forwarded with the NAVMED-H-8's attached thereto. Prior to forwarding NAVMED-H-8's, an abstract of information such as that pertaining to entries referred to in paragraphs 2221.1, 2221.2, and 2221.3, and results of any other special examinations not already recorded on NAVMED-H-3a or NAVMED-H-9, shall be entered on unused NAVMED-H-8's which shall be retained in the Health Record permanently as a supplement to NAVMED-H-5 (Abstract of Medical History).

2221.5. The same procedure as in paragraph 2221.4 shall be followed upon completion of the annual physical examination for an officer of the Nurse Corps.

## 2222

**Venereal Disease Entries.**—2222.1. All personnel having infections of a venereal nature shall be admitted to the sick list if only for the record.

2222.2. When admitting a patient to the sick list with a diagnosis of syphilis, medical officers shall assure themselves that there are other symptoms or signs of the disease in addition to a positive serologic test. The policy of the Bureau is not to approve a diagnosis of syphilis solely on a positive serologic test unless the test is repeated and confirmed. A confirmatory serologic study of such cases by the Naval Medical School, National Naval Medical Center, Bethesda, Maryland, is desirable. The presumptive Kahn test is strictly qualitative in character, employing a special highly sensitive antigen. The

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

test is merely a "screen test," for use only to rule out negative sera, and shall never be used for the final report on positive reactions.

## 2223

**Sickness on Leave, Etc.**—When a member of the Navy or Marine Corps is injured or contracts a disease while on leave, or when for any other reason the facts concerning an injury or sickness have not been entered in the individual's Health Record, the medical officer having custody of the record shall endeavor to ascertain the facts in the case and make the necessary entries (Art. 1844, *Navy Regulations*).

## 2224

**Patients in Custody of Civil Authorities.**—When, for any reason, an enlisted man undergoing treatment at a naval hospital is held in the custody of civil authorities, every effort shall be made to ascertain how long he will be held before disposition of his case and how long it will be before he will be available for return to the hospital. If it is evident that the individual will be held by the civil authorities for a period in excess of two weeks he shall be officially transferred to the nearest receiving ship or receiving station. Complete information regarding the case and the need for further hospitalization shall be entered on page 9 of his Service Record, and a letter setting forth all the facts in the case shall be forwarded to the Bureau of Naval Personnel and to the receiving ship or receiving station to which the transfer is made. The current medical history shall be closed as to D (DUTY) after appropriate entry is made concerning the reason therefor. Such a procedure prevents charging the health of the Navy with sick days not actually incurred as a result of service conditions.

## 2225

**Other Entries.**—2225.1. Entries shall be made as notes on NAVMED-H-8 when an individual applies for treatment of any ailment not requiring admission to the sick list if the ailment is of such nature that it might have a possible bearing on a future claim for pension. Minor afflictions, not requiring admission to the sick list, also shall be indicated by a note on NAVMED-H-8 (see second example under par. 2226). Dental operations and treatments shall be recorded on NAVMED-H-8's as provided in paragraph 2234.

2225.2. A brief entry of findings and recommendations made by a board of medical survey (Part III, Chapter 3) shall be made on NAVMED-H-8.

2225.3. All serological and other diagnostic tests shall be entered on NAVMED-H-8 and appropriate abstracts.

2225.4. Whenever an identification tag (par. 2250) is made and issued to an individual of the Navy or Marine Corps, an entry of the fact shall be made on NAVMED-H-8.

2225.5. When a patient is transferred and x-ray films are transferred with him, a notation to that effect shall be entered on NAVMED-H-8.

## SECTION VI. NAVMED-H-8 (MEDICAL HISTORY)

2225.6. Each time a photofluorographic examination of the chest is made, the place, date, film number, and report of the interpretation shall be entered on NAVMED-H-8 (par. 21103).

## 2226

**Examples of Entries.**—For ordinary cases the following examples indicate typical entries and the data required. The small figures under the disposition symbols indicate the number of days the individual was on the sick list by reason of the admission preceding such disposition.

U.S.S. ESSEX

A.—10 June 1944: Tonsillitis, acute (818). In line of duty. Not due to own misconduct. Exposure on watch. Mild attack. Routine treatment.

D<sub>2</sub>—12 June 1944: To duty. Well.

C. D. BROWNE,  
Lt. (MC), U. S. Navy.

Approved.

C. A. JONES,  
Comdr. (MC), U. S. Navy,  
Senior Medical Officer.

U.S.S. TEXAS

## NOTE

19 June 1944: Contusion, over left tibia, struck leg against ladder tread at 1005, this date, during ship drills. Injury slight. Dressing applied. Placed on binnacle list. No complications. To duty 20 June 1944.

A. A. BLANK,  
Lt. Comdr. (MC), U. S. Navy

U.S.S. BOISE

A.—10 June 1944: Catarrhal fever, acute (801). In line of duty. Not due to own misconduct. Exposure while on watch. Temperature 101, pulse 90, respiration 22. Moderate general malaise. Lungs clear. Bed rest and routine treatment.

12 June 1944: Temperature normal. Patient feeling well except for pain in region of frontal sinuses. Given ephedrine nasal sprays, t.i.d.

13 June 1944: Frontal pain continues. The patient has recovered from the general symptoms of catarrhal fever.

C<sub>3</sub>—13 June 1944: Diagnosis changed, this date, by reason of complications to:

ACD—13 June 1944: Sinusitis, frontal (535). In line of duty. Not due to own misconduct. Pain is persistent and moderately severe. Ephedrine nasal spray q 3 hrs., A.P.C. capsules gr. v. q 3 hrs.

15 June 1944: Pain continues but is much improved.

D<sub>3</sub>—16 June 1944: To duty. Well.

C. D. BROWNE,  
Lt. (MC), U. S. Navy

Approved.

C. A. JONES,  
Comdr. (MC), U. S. Navy,  
Senior Medical Officer.

U.S.S. ARIZONA

A.—20 September 1944: Tonsillitis, chronic (540). Not in line of duty. Not due to own misconduct. Existed two years prior to enlistment, according to patient's statement. It is not believed that this condition

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

has been aggravated by naval service. Usual history and symptoms. Patient desires operation.

T<sub>1</sub>—21 September 1944: Transferred to the U. S. Naval Hospital, San Diego, California.

A. B. SMITH,  
*Lt. (jg) (MC), U. S. Navy*

Approved.

C. A. JONES,  
*Comdr. (MC), U. S. Navy,*  
*Senior Medical Officer.*

## NAVAL HOSPITAL, SAN DIEGO, CALIF.

FT—21 September 1944: Tonsillitis, chronic (540). Not in line of duty; existed prior to enlistment. Not due to own misconduct. See previous entry.

25 September 1944: Tonsillectomy under local anesthesia. No complications.

2 October 1944: Tonsillar fossae clear. Placed on liberty list.

6 October 1944: Tonsillar fossae healed. To return to duty tomorrow.

C<sub>16</sub>—7 October 1944: Diagnosis changed because of intercurrent injury to:

AD.—7 October 1944: Submersion, nonfatal (2554). Key letter "G." Not in line of duty. Result of own misconduct. Patient is not at present able to comprehend the above adverse entry. (1) Within command. (2) Not work. (3) Man's own negligence. (4) While returning from liberty intoxicated, walked off hospital boat-landing into water. This occurred at about 0830 this date and was witnessed by John Timothy Doe S 1/c (555 55 55) and James Johnson Jones PhM 3/c (575 23 91), who rescued and resuscitated him after prolonged artificial respiration. Treated for shock and acute alcoholism. Condition improved under external heat and stimulation.

8 October 1944: Much improved. (Statement required by Article 1196, *Navy Regulations*.) Patient submitted the following statement in rebuttal to the commanding officer for transmittal to the Navy Department for decision. (Patient's signed statement.)

D<sub>2</sub>—9 October 1944: Patient has recovered from the effects of his submersion. To duty. Well.

E. F. ANDRE,  
*Lt. Comdr. (MC), U. S. Navy*

Approved.

G. W. PHELPSON,  
*Capt. (MC), U. S. Navy,*  
*Medical Officer in Command.*

## SECTION VII. NAVMED-H-4 (DENTAL RECORD)

	Paragraph
Preparation of NAVMED-H-4 .....	2227
Record of Dental Examination .....	2228
Record of Dental Operations .....	2229
Custody and Handling of NAVMED-H-4 .....	2230
Classification for Record Purposes .....	2231
General Characteristics of Markings on Dental Charts.....	2232
Differential Characteristics of Markings on Dental Charts.....	2233
Recording of Naval Dental Treatment in Other Than NAVMED H-4....	2234

## 2227

Preparation of NAVMED-H-4.—2227.1. A dental officer, as soon as practicable, shall make out in duplicate NAVMED-H-4 (Dental Record) in each case of enlistment, reenlistment, extension of enlist-

## SECTION VII. NAVMED-H-4 (DENTAL RECORD)

ment, appointment, commission, promotion, discharge, resignation, retirement, or release from active duty, and in such instances an appropriate entry shall be made under the caption "Remarks" indicating the purpose for which NAVMED-H-4 was made. The original shall be retained in the Health Record and the copy shall be forwarded to the Bureau. In case of loss of a previously completed record or when an existing record becomes filled with entries, a new record without duplicate shall be prepared, showing the condition at that time, and inserted. If replacing a lost sheet, it shall be marked "Replacement of Lost Record"; if supplementing a filled record, it shall be marked "Second Sheet to Record Dated ..... (date)."

2227.2. The upper chart on NAVMED-H-4 shall be used to record the examination findings of the first examination and shall not be altered thereafter. It shall be dated and signed by the examining dental officer as of the date of examination. Findings shall be charted in accordance with instructions given in paragraphs 2231, 2232, and 2233.

2227.3. When more than one NAVMED-H-4 is included in the Health Record, they shall be arranged in sequence with the latest uppermost. Each dental officer treating a case shall see that his entry is accurately recorded on the latest NAVMED-H-4, dated, and signed.

## 2228

**Record of Dental Examination.**—2228.1. The dental officer is responsible for the accuracy and completeness of the entries of dental examination findings and any other necessary data. Each record sent to the Bureau shall include the patient's full name, without abbreviations, rank or rate and file or service number, and other information in the spaces reserved for such entries.

2228.2. When the Health Record is lost and a recovered body is otherwise unidentifiable, the latest record of dental examination on file in the Bureau is of great value in establishing identity. It is important, therefore, that the charted record of examinations be in exact conformity with instructions and unquestionably accurate.

2228.3. Any peculiarities or deviations from normal are particularly valuable for identification purposes and should be recorded under "Remarks." Such abnormalities as erosion, abrasion, fluorosis, hypoplasia, malocclusion (type), irregularity of alignment, rotation, retained deciduous teeth, presence of supernumerary teeth, Hutchinson's teeth, fractures of enamel or teeth, abnormal interdental spaces, mucosal pigmentation, diastema, and hypertrophied frenum labium are, when noted, especially useful in this connection. Prosthetic appliances should also be described under this heading.

2228.4. When all teeth present are free of caries and restorations, special effort shall be made to discover and record any abnormalities, however slight. If no abnormalities are found an entry to that effect shall be made under "Remarks."

## 2229

**Record of Dental Operations.**—2229.1. All operations and restorations shall be charted individually on the lower chart in accordance with instructions given in paragraph 2233.3.

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

2229.2. Authorized abbreviations covering the operations and treatment given shall be entered on the reverse of NAVMED-H-4 in designated spaces. When teeth are injured or lost as the result of an accident incurred in the line of duty, an entry to that effect shall be made. Prosthetic treatment, although recorded on NAVMED-L, shall also be entered. It is important that these entries of treatment be complete, precisely accurate, and brief. They shall be given in abbreviated form in exact conformity with the directions of paragraphs 2231, 2232, and 2233.

2229.3. A series of treatments for a specific condition and not producing lasting changes in dental characteristics need not be recorded individually but may be denoted by entry of initial and final treatment dates with appropriate designations as to continuity; for example, P.O. Tr. daily 1-1-44 to 1-5-44; V.I.T. twice daily 1-1-44 to 1-10-44.

## 2230

**Custody and Handling of NAVMED-H-4.**—2230.1. Except as otherwise provided in paragraphs 2230.2 and 2230.3, NAVMED-H-4 shall not be detached from the Health Record.

2230.2. When officers or enlisted personnel report for duty aboard ship or at a station to which a dental officer is attached, their Health Records, or, if more suitable or convenient, their NAVMED-H-4's, shall be sent to the dental officer, who shall arrange for examination and such treatment as facilities permit. Upon completion of treatment or upon transfer, the NAVMED-H-4's, containing appropriate entries signed and verified by the dental officer, shall be returned to the medical officer. If, upon transfer of an individual, time and other circumstances prevent the dental officer from returning NAVMED-H-4 to the medical officer before transfer, NAVMED-H-4 shall be forwarded, via official channels, to the medical officer having custody of the Health Record at the ship or station to which the individual is transferred.

2230.3. Health Records or NAVMED-H-4's of patients sent from one activity to another for dental treatment shall be forwarded with or in advance of the patient. When the treatment has been completed or terminated for any reason, the record shall be returned duly completed and signed by the dental officer.

## 2231

**Classification for Record Purposes.**—2231.1. For purposes of brevity and exactness, the following classification of teeth shall be used in keeping NAVMED-H-4:

<i>Tooth</i>	<i>Designation</i>	<i>Tooth</i>	<i>Designation</i>
Right maxillary third molar . . . . .	1	Right maxillary central incisor . . .	8
Right maxillary second molar . . . . .	2	Left maxillary central incisor . . . .	9
Right maxillary first molar . . . . .	3	Left maxillary lateral incisor . . . .	10
Right maxillary second bicuspid . . .	4	Left maxillary cuspid . . . . .	11
Right maxillary first bicuspid . . . .	5	Left maxillary first bicuspid . . . .	12
Right maxillary cuspid . . . . .	6	Left maxillary second bicuspid . . .	13
Right maxillary lateral incisor . . . .	7	Left maxillary first molar . . . . .	14

## SECTION VII. NAVMED-H-4 (DENTAL RECORD)

<i>Tooth</i>	<i>Designation</i>	<i>Tooth</i>	<i>Designation</i>
Left maxillary second molar . . . . .	15	Right mandibular central incisor..	24
Left maxillary third molar . . . . .	16	Left mandibular central incisor ..	25
Right mandibular third molar . . . . .	17	Left mandibular lateral incisor ...	26
Right mandibular second molar ..	18	Left mandibular cuspid . . . . .	27
Right mandibular first molar . . . . .	19	Left mandibular first bicuspid ....	28
Right mandibular second bicuspid. .	20	Left mandibular second bicuspid..	29
Right mandibular first bicuspid ..	21	Left mandibular first molar . . . . .	30
Right mandibular cuspid . . . . .	22	Left mandibular second molar . . . .	31
Right mandibular lateral incisor..	23	Left mandibular third molar . . . . .	32

A deciduous tooth shall be indicated by adding "½" to the number of the corresponding permanent tooth; for example, a deciduous right maxillary second molar is designated "2½." The position of supernumerary teeth, if present, shall be recorded under "Remarks."

2231.2. The following classification of tooth surfaces shall be used in connection with recording restorations of defective teeth:

<i>Surface</i>	<i>Designation</i>
Buccal . . . . .	B
Labial . . . . .	La
Lingual . . . . .	L
Occlusal . . . . .	O
Mesial . . . . .	M
Distal . . . . .	D
Incisal . . . . .	I

2231.3. Combinations of the designations shown above shall be used to denote conditions or operations by (a) the teeth involved and (b) the parts of the teeth involved; for example, 27-LaI would refer to the labial and incisal aspects of the left mandibular cuspid.

2231.4. The classification of dental operations and treatment given below shall be used singly or in combination on the reverse side of the record sheet to describe their nature.

<i>Operation, Condition, or Treatment</i>	<i>Designation</i>
Abrasion . . . . .	Abr.
Abscess incised . . . . .	Ab.I.
Alveolectomy . . . . .	Al.
Amalgam restoration . . . . .	Am.
Anesthesia, general . . . . .	A.G.
Anesthesia, regional . . . . .	A.R.
Apicoectomy . . . . .	Ap.
Base (indicate material used, preceding the abbreviation) . . .	..B.
Bridge . . . . .	Br.
Cement base (zinc phosphate or copper cements) . . . . .	Cem. B.
Cement, permanent (zinc phosphate or copper cements) . . . .	Cem. P.
Cement, silicate . . . . .	Cem. S.
Cement, temporary . . . . .	Cem. T.
Crown (indicate type in parentheses) . . . . .	Cr. ( )
Denture, full maxillary . . . . .	D.F. Max.
Denture, full mandibular . . . . .	D.F. Man.
Denture, partial maxillary . . . . .	D.P. Max.
Denture, partial mandibular . . . . .	D.P. Man.
Disinfectant dressing (root canal treatment; indicate medicament in parentheses) . . . . .	D.D. ( )
Eugenol . . . . .	Eug.
Extraction . . . . .	Ex.
Drain removed . . . . .	D.R.

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

<i>Operation, Condition, or Treatment</i>	<i>Designation</i>
Drain inserted .....	D.I.
Formocresol .....	F.C.
Gingivitis .....	Ging.
Gutta percha (temporary stopping) .....	G.P.
Periodontitis .....	Pdt.
Pericementitis .....	Pcm.
Pericoronitis .....	Per.
Prophylaxis, oral .....	Sc.
Pulp, extirpation .....	P.E.
Root canals filled (number of canals filled in parentheses)....	R.C.F. ( )
Root canals treated .....	R.C.T.
Sedative (indicate medicament in parentheses).....	Sed. ( )
Sedative base (indicate material used in parentheses).....	Sed. B. ( )
Silver Nitrate .....	AgNO.
Sterile dressing .....	Ster. D.
Thymol iodide .....	T.I.
Treatment .....	Tr.
Vincent's infection treated .....	V.I.T.
Radiograph .....	X.R.
Zinc chloride .....	ZnCl.
Zinc oxide .....	ZnO.

Other operations shall be written in full except that obvious abbreviations may be used where there is no possibility of misinterpretation. The designations Sed. B. (sedative base) and Cem. B. (cement base) are to be used in recording treatment only when all caries has been removed from the cavity. The designation Sed. Tr. (sedative treatment) applied to the treatment of a tooth shall be interpreted to mean that all caries may or may not be removed, even though zinc oxide and eugenol have been used for sedation, as a temporary expedient for the relief of pain.

2231.5. The following are examples of the combination of abbreviations:

(a) Authorized designations (in the sequence of performance of the steps in the operation):

8-A.R.-P.E.-Ster.D.-Cem.T.-X.R.—Pulp in right maxillary central incisor extirpated, using regional anesthesia, with insertion of sterile dressing and temporary cement seal; radiograph taken.

ZnO, Eug. B.—Zinc oxide and eugenol base; all caries removed.

Sed. Tr. (ZnO, Eug.)—Zinc oxide and eugenol sedative treatment; all caries may or may not be removed.

(b) 14-AgNO-Cem.B.-MODL-Am.—Silver nitrate treatment of cavity, a cement base of zinc phosphate or copper cement, and mesio-occluso-disto-lingual amalgam restoration.

(c) Improvised abbreviations:

Frac. mand., sim., intermax. wire—Simple fracture of mandible reduced and fixed, using intermaxillary wiring.

## 2232

**General Characteristics of Markings on Dental Charts.**—2232.1. Chart markings have been standardized so that the original dental condition, condition at other times when records were prepared, treatment needed, treatment completed, and present condition may be readily noted. This facilitates efficient continuity of treatment and may establish identification in certain circumstances.

## SECTION VII. NAVMED-H-4 (DENTAL RECORD)

2232.2. Only red markings shall be made on the upper chart and will indicate missing teeth and restorations noted at the time of examination.

2232.3. Black markings shall be made on both upper and lower charts. On upper charts they will show specifically the need for dental treatment. On lower charts they will show all operations or restorations, except removable prosthetic appliances, completed subsequent to the time the upper chart was made out.

## 2233

**Differential Characteristics of Markings on Dental Charts.—**

2233.1. Red markings shall be used on the upper chart as follows:

(a) *Missing teeth*.—Draw an "X" through the designating number of each tooth that does not appear in the mouth, that is, unerupted, extracted, or congenitally absent.

(b) *Edentulous mouth*.—Inscribe two crossing lines; one extending from the maxillary right third molar to the mandibular left third molar and the other from the maxillary left third molar to the mandibular right third molar.

(c) *Edentulous arch*.—Make two crossing lines each running from the uppermost aspect of one third molar to the lowermost aspect of the third molar on the opposite side.

(d) *Amalgam restorations*.—In the diagram of the tooth restoration, draw an outline of the restoration showing size, location, and shape, and block it in solidly.

(e) *Silicate cement, acrylic, or porcelain restorations*.—Outline only.

(f) *Gold restorations*.—Outline and inscribe horizontal lines within the outline.

(g) *Combination restorations*.—Outline, showing over-all size, location, and shape; partition at junction of materials used and indicate each as in (d), (e), and (f) above.

(h) *Facings*.—Outline only.

(i) *Porcelain post crowns*.—Outline each aspect of the crown; outline approximate size and position of the post or posts.

(j) *Jacket crowns*.—Outline each aspect.

(k) *Fixed bridges*.—Outline each aspect showing over-all size, location, teeth involved, and shape; partition at junction of materials; and indicate each as above except that gold shall be shown by the inscription of diagonal instead of horizontal lines.

(l) *Root canal fillings*.—Solidly block in outline for each canal filled on the external aspect of the diagram of the roots or root of the tooth involved.

(m) *Drifted teeth*.—Draw a line from the designating number of the tooth that has moved to the number of the missing tooth whose space has been occupied. This is to be done only when the movement has effected functional occlusion.

2233.2. Black markings on the upper chart shall be used as follows:

(a) *Caries*.—In the diagram of the tooth affected, draw an outline of the carious portion, showing size, location, and shape, and block in solidly.

(b) *Defective restorations*.—Draw a black line around the previously charted restoration.

(c) *Cement restorations (except silicate)*.—Outline only.

(d) *Impacted teeth*.—Outline all aspects of each impacted tooth with a single oval.

(e) *Abscess*.—Draw a circle 1/16 inch in diameter above the diagram of the root of each maxillary and below that of each mandibular tooth involved in the abscess.

(f) *Fistula*.—Draw a short straight line ending in a small circle placed as nearly as possible on the diagram in a position corresponding to the actual location of the opening in the mouth.

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

(g) *Periodontoclasia*.—Inscribe two parallel horizontal lines on external aspect of root or roots involved in a position approximating the extent of gingival recession or the clinical depth of the pocket.

(h) *Extraction needed*.—Draw two parallel vertical lines through all aspects of the tooth involved.

2233.3. Black markings on the lower chart shall be used as follows:

(a) *Carious teeth restored*.—In the diagram of the tooth involved draw an outline of the restoration, showing size, location, and shape, and indicate material used as specified in paragraph 2233.1; that is, amalgam restorations would be blocked in, silicate cement restorations only outlined, etc.

(b) *Extractions*.—Draw an "X" through the designating number of each tooth extracted.

(c) *Root canal fillings*.—Draw solidly blocked in outline for each canal filled on the external aspect of the diagram of the root or roots of the tooth involved.

(d) *Apicoectomy*.—Draw a small triangle, apex away from crown, at root end of charted line, showing root canal fillings.

(e) *Bridges and crowns*.—Outline and fill in as in paragraph 2233.1.

(f) *Removable bridges, partial and full dentures*.—Do not indicate these by markings on charts. When NAVMED-H-4's are being prepared, such appliances shall be recorded as brief written entries under "Remarks." When such appliances are supplied by the naval service, they shall be recorded as brief written entries under "Operation or Treatment" on the back of NAVMED-H-4.

(g) *Unrecorded operations*.—Operations performed by other than naval dental officers subsequent to completion of the upper chart shall be indicated on the lower chart by the dental officer discovering the condition, just as if they had been done by a dental officer. Appropriate entries shall be made on the reverse of NAVMED-H-4 and on NAVMED-H-8, however, indicating the nature of the treatment and adding the abbreviation "Civ." or other abbreviation, as the case may be. The date entered shall be the date of discovery. Operations known to have been performed by naval dental officers whose identity is not recorded, shall be noted similarly, except that the abbreviation "NDO" shall be used. The date entered shall be the date the previous operation is discovered.

## 2234

**Recording of Naval Dental Treatment in Other Than NAVMED-H-4.**—Entries of dental treatment shall be made on NAVMED-H-8 only when the patient is on the sick list, and when the treatment is related to the condition for which the patient is admitted. Such entries shall be made and signed by the dental officer. Notes concerning conditions of unusual interest and of medical or dental significance may be made when appropriate.

## SECTION VIII. NAVMED-H-3 (IMMUNIZATION RECORD)

	Paragraph
Entries .....	2235
Foreign Travel .....	2236

## 2235

**Entries.**—2235.1. All immunizations or vaccinations shall be recorded on NAVMED-H-3 (Immunization Record) and signed by the medical officer, or by another representative of the Medical Department when no medical officer is available. Reference should be made to Part III, Chapter 5B.

**SECTION X. NAVMED-H-5 (ABSTRACT  
OF SERVICE AND ABSTRACT OF MEDICAL HISTORY)**

2235.2. The reactions to cowpox vaccinations shall be recorded as "Failure," "Primary," "Accelerated," or "Immunity."

2235.3. When a severe reaction to any immunization procedure is produced, the fact shall be noted on NAVMED-H-3.

**2236**

**Foreign Travel**—Naval personnel and civilians traveling under the cognizance of the Navy Department shall be immunized as indicated in Part III, Chapter 5B, and NAVMED-585 (U. S. Navy Immunization Record) certified by the medical officer shall be in their possession prior to embarkation.

**SECTION IX. NAVMED-H-3a (SPECIAL DUTY ABSTRACT)**

	Paragraph
Instructions .....	2237

**2237**

**Instructions.**—2237.1. The results of physical examinations for special duties other than aviation, such as submarine service, diving service, etc., together with any relevant disqualifying defects or waivers, shall be entered on NAVMED-H-3a (Special Duty Abstract). The findings as a result of refractions of the eyes shall be entered by the medical officer in the space provided. Prescriptions for spectacles issued by other than naval sources shall also be recorded. All entries shall appear over the signature of the medical officer, and shall be noted on NAVMED-H-8. When no NAVMED-H-3a is available, entries relative to refractions of the eyes shall be made on NAVMED-H-8.

2237.2. The individual's blood group shall be entered in the space indicated, using the international classification letters "O," "A," "B," and "AB."

**SECTION X. NAVMED-H-5 (ABSTRACT OF SERVICE AND  
ABSTRACT OF MEDICAL HISTORY)**

	Paragraph
Abstract of Service .....	2238
Abstract of Medical History .....	2239

**2238**

**Abstract of Service.**—The Abstract of Service (front side of NAVMED-H-5) shall show a chronological history of the duty stations of the individual. Whenever an individual reports for duty aboard ship or at a station the medical officer shall record in the first column the name of the ship or station. The date of reporting shall be recorded in the second column. Upon transfer of an individual the date of transfer shall be recorded in the third column. In case of a temporary transfer, an entry shall be made only if the Health Record accompanies the individual to the place of temporary duty.

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

## 2239

**Abstract of Medical History.**—An entry shall be made by the medical officer on the Abstract of Medical History (reverse side of NAVMED-H-5) each time an individual is taken up on the sick list. The manner of taking up (A, ACD, RA, FT, AD, EC, or FS) shall be recorded in the first column; the diagnosis in the second column; the disposition (D, T, C, DD, RAN, or IS) in the third column, and the number of sick days relative to the specific entry in the fourth column.

## SECTION XI. NAVMED-H-9 (AVIATION MEDICAL ABSTRACT)

Paragraph

NAVMED-H-9 (Aviation Medical Abstract) ..... 2240

## 2240

**NAVMED-H-9 (Aviation Medical Abstract).**—2240.1. NAVMED-H-9 (Aviation Medical Abstract) shall be permanently attached to the Health Record of each member of the Navy or Marine Corps assigned to duty involving flying. It shall show a chronological record of aviation medical data concerning altitude training, night vision training, suspensions from flying for medical reasons, and a summary of physical examinations involving flying.

2240.2. Instructions for making entries on NAVMED-H-9 follow:

(a) *Altitude Training.*—Oxygen indoctrination, when given by an altitude training unit, shall in each instance be entered in the spaces provided and signed by a medical officer. Observations on reactions to anoxia, decompression, and recompression shall be entered under "Remarks."

(b) *Night Vision Training.*—Night vision training, when given by a night vision training unit, shall in each instance be entered in the spaces provided and signed by a medical officer.

(c) *Suspension from Flying for Medical Reasons.*—An entry shall be made upon suspension of an individual from flight duties when, in the opinion of the medical officer, the cause for suspension is of sufficient value to aid in the future evaluation of the individual's fitness for duty involving flying. Each entry shall be signed by a medical officer.

(d) *Summary of Physical Examinations for Flying.*—(1) For aviation personnel in class 1 (par. 21138.1), entries signed by a medical officer shall be made each time a NAVMED-AV-1 is submitted to the Bureau; (2) for aviation personnel in class 2 (par. 21138.1), an entry signed by a medical officer shall be made indicating the results of each examination to determine the individual's fitness for duty involving flying.

## SECTION XII. NAVMED-H-6 (VENEREAL DISEASE ABSTRACT) AND NAVMED-H-7 (ABSTRACT OF ANTILUETIC TREATMENT)

Paragraph

NAVMED-H-6 (Venereal Disease Abstract) ..... 2241

NAVMED-H-7 (Abstract of Antiluetic Treatment) ..... 2242

## 2241

**NAVMED-H-6 (Venereal Disease Abstract).**—NAVMED-H-6 (Venereal Disease Abstract) shall be prepared and inserted as the next to last page of the Health Record for each person upon each admission (A, ACD, AD, and EC) to the sick list for venereal disease. For each patient taken up as RA (READMISSION) for venereal

## SECTION XIII. TERMINATION OF HEALTH RECORD

disease, appropriate entries shall be made on the NAVMED-H-6 prepared for the original diagnosis upon which the RA is based. NAVMED-H-6 shall not be placed in the Health Record of an individual for whom a diagnosis of a venereal disease has not been made. All entries on NAVMED-H-6 are intended for the information of medical officers under whose care the case may come. To this end care must be used to insure accuracy and completeness. Each medical officer under whom the case may come shall be responsible for the continuance of the abstract. When a NAVMED-H-6 is inserted in a Health Record an entry with the diagnosis and date of the admission shall be made on the NAVMED-H-8; no other entries concerning venereal disease shall be made on NAVMED-H-8.

## 2242

**NAVMED-H-7 (Abstract of Antiluetic Treatment).**—NAVMED-H-7 (Abstract of Antiluetic Treatment) shall be prepared and inserted as the last page of the Health Record for each person for whom a diagnosis of syphilis or any of its complications or sequelae has been made. Entries shall be made for each course of treatment given and each laboratory examination made. The medical officer shall carefully and fully explain to the patient the nature of the infection and the necessity for treatment and prolonged observation, including several tests, for assurance of a cure. After so informing the patient, the medical officer shall sign the statement on the reverse side of NAVMED-H-7.

## SECTION XIII. TERMINATION OF HEALTH RECORD

	Paragraph
General Instructions .....	2243
Midshipmen .....	2244
Retired Personnel .....	2245
Supernumeraries .....	2246

## 2243

**General Instructions.**—2243.1. The Health Record shall be closed and forwarded to the Bureau whenever a member of the Navy or Marine Corps, or Naval or Marine Corps Reserve dies, resigns, deserts, is discharged or retired, or his connection with the service is otherwise terminated.

2243.2. For retirement, the entry under "Termination of Health Record" on NAVMED-H-2 shall show the date and reason for retirement.

2243.3. The district medical officer having custody of an officer's Health Record by reason of the conditions specified in paragraph 225.6 shall close the Health Record and forward it to the Bureau upon receipt of notification that the officer has been retired.

2243.4. For desertion, an explanatory note shall be entered only on NAVMED-H-8. NAVMED-H-2 shall not be closed. Upon surrender or apprehension of a deserter, he shall be thoroughly examined by a medical officer and the findings recorded on NAVMED-H-2, in duplicate. The original shall be retained for incorporation in the

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

Health Record and the duplicate forwarded to the Bureau with the request that the Health Record be forwarded to the activity to which the deserter has reported. If the Health Record is not on file at the Bureau the request for it shall be submitted to the ship or station from which the individual deserted.

2243.5. The terminated Health Records of officers of the Nurse Corps shall be forwarded to the Bureau.

## 2244

**Midshipmen.**—2244.1. When, for any reason, a midshipman's connection with the service is terminated his Health Record shall be closed and forwarded to the Bureau.

2244.2. If a midshipman graduates from the Naval Academy without receiving a commission his Health Record shall be closed and forwarded to the Bureau.

## 2245

**Retired Personnel.**—When retired personnel, recalled to active duty, are returned to the retired list, their Health Records shall be closed and forwarded to the Bureau.

## 2246

**Supernumeraries.**—2246.1. When a naval or Marine Corps patient is discharged from the service and retained in a naval hospital as a supernumerary for further treatment, his Health Record shall be closed and forwarded to the Bureau. Health Records shall not be opened for patients carried as supernumeraries, but the medical history shall be continued on NAVMED-H-8.

2246.2. When retired personnel are admitted to naval hospitals, their medical histories shall be recorded as in paragraph 2246.1.

2246.3. Upon discharge of such patients the NAVMED-H-8's shall be forwarded to the Bureau. All sheets shall show the full name, former rank or rate, file or service number, and the date and place of birth. In case of retired officers or enlisted personnel, it is important that an opinion be incorporated in the record as to whether or not the disability is traceable to active service.

## SECTION XIV. IDENTIFICATION RECORDS

	Paragraph
Identification Record .....	2247
Fingerprints .....	2248
Personal Description Entries on the Identification Record and NAVMED-H-2 .....	2249
Identification Tags .....	2250
Special Identification Card .....	2251

## 2247

**Identification Record.**—An Identification Record (NAVPERS-680 for naval personnel; Form NMC-330 for Marine Corps personnel), consisting of fingerprints and personal description, shall be made for all officers and men of the Navy, Marine Corps, and the Reserves, including the Women's Reserve, and forwarded to the Bureau of Naval Personnel, or the Commandant, Marine Corps.

## SECTION XIV. IDENTIFICATION RECORDS

## 2248

**Fingerprints.**—2248.1. For all officers, fingerprints are required to be made upon entering the service, upon application (enrollment) or commission on NAVPERS-680 for naval officers and on Form NMC-330 for Marine Corps officers.

2248.2. Fingerprints for enlisted personnel are required to be made on NAVPERS-680 or Form NMC-330 at the time of first enlistment and forwarded, in the same envelope with the shipping articles and securely clipped thereto, to the Bureau of Naval Personnel or Commandant, Marine Corps.

2248.3. For personnel reenlisting in the Naval Reserve or in the Navy, NAVPERS-681 should be prepared and similarly forwarded.

2248.4. A space is provided on each discharge form that is awarded under honorable conditions for the rolled impression of the right index finger of the individual to whom it is issued. This impression is to be certified by a medical officer.

2248.5. The rolled impression of the right index finger shall be made and certified by a medical officer on the continuous-service certificate of an individual discharged under honorable conditions.

2248.6. Whenever a Service Record of an individual on first enlistment is discovered not to contain the fingerprints of the individual, impressions shall be taken and placed in the record. NAVPERS-680 or Form NMC-330 shall also be prepared and forwarded immediately.

## 2249

**Personal Description Entries on the Identification Record and NAVMED-H-2.**—2249.1. The personal description entries on the front of NAVPERS-680 or Form NMC-330 and on NAVMED-H-2 should be complete in each detail. On the line RACE of NAVPERS-680 or Form NMC-330 should be entered the word WHITE, NEGRO, FILIPINO, or as indicated.

2249.2. The medical officer shall make a careful examination of the body, front and rear, on each side of the median line separately, commencing with the scalp and ending at the foot, and record on NAVPERS-680 or Form NMC-330 and NAVMED-H-2 all marks and scars of value for purposes of identification.

2249.3. A record showing less than five marks in addition to vaccination scars, tattooing, loss of teeth, and deformities (which shall likewise be noted) cannot be relied upon to establish identity. Experience shows that as many as 10 or 15 marks may usually be found.

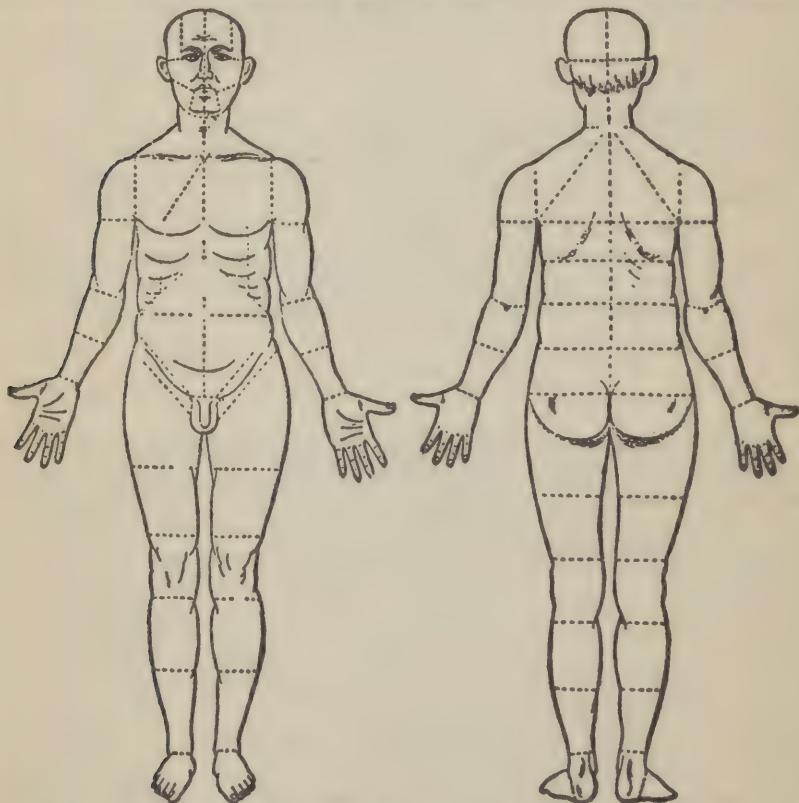
2249.4. If no marks are found upon the recruit, the fact should be stated upon both the front and back figure outlines. If marks are found upon the front and none upon the rear, or vice versa, the entry "No Mark" should be made on the appropriate outline.

2249.5. NAVPERS-680 or Form NMC-330 shall be made in permanent black ink. In making personal description entries on NAVMED-H-2, instructions printed thereon should be followed.

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

2249.6. Christian and middle names in full and surname shall be recorded. The name should be written very plainly, or preferably, typewritten or printed in plain Roman or U. S. Gothic letters.

2249.7. Marks on the outline-figure record of NAVPERS-680 or Form NMC-330 and NAVMED-H-2 shall be recorded at points corresponding to those occupied by the marks on the body of the recruit. This may readily be accomplished by drawing imaginary lines on the body of the recruit like the dotted lines on the record and recording the mark in the proper position on the record. As the dotted lines mark the boundaries of regions which are used in the systematic arrangement of the records for purposes of identification, it is important that each mark on the record shall be recorded in its proper position.



(a) A pen picture is desired of all marks, showing their inclination and general shape. In the case of tattoos this is optional.

(b) A straight line should be drawn from each mark to its description on the right or left of the figure. When avoidable these lines should not cross each other.

(c) When a description is common to a number of marks it need not be repeated for each one, but the lines may converge to it, if they can do so without crossing others.

(d) The sizes of all scars, moles, warts, birthmarks, etc., are to be given in inches or fractional parts thereof, except in the case of pin-head moles (abbreviation p.m.).

## SECTION XIV. IDENTIFICATION RECORDS

(e) Pin-head moles are moles less than one-eighth of an inch in diameter.

(f) Tattoo marks should invariably be noted and described in detail as they appear. In the case of devices composed of two or more figures, the component parts should be named; for example, HEART, CROSS, AND ANCHOR, not FAITH, HOPE, AND CHARITY; CLASPED HANDS not FRIENDSHIP; EAGLE, SHIELD, CROSSED CANNONS, FLAGS, AND ARROWS, not AMERICAN COAT OF ARMS. The same applies to all emblems, coats of arms, replicas of lodge pins, badges, etc.

(g) Letters, initials, and words should be printed by hand in plain Roman or U. S. Gothic capitals, thus: J.H.M.; U.S.N.; IN GOD WE TRUST, etc.

(h) Details of costume, posture, and relationship to other devices should be given in the case of tattooed representations of persons; for example, WOMAN CLINGING TO A CROSS; MAN AND WOMAN EMBRACING, HOUSES, LIGHTHOUSES, AND SHIP IN BACKGROUND; SAILOR STANDING BY A TOMBSTONE, WEEPING WILLOW OVERHEAD, CAP IN RIGHT HAND, WORDS "IN MEMORY OF MY MOTHER" ON STONE.

(i) The size of tattoos need be given only in the case of dots, blotches, circles, lines, etc.

(j) It is not necessary to state the color or kind of pigment used in the tattooing.

(k) Do not crowd the description of tattoos between the arms of the figure and the edges of the card.

(l) Do not write on the figure. The figure is to be used for the purpose of locating, by pen pictures, the different marks found on the body of the recruit.

(m) Amputations and losses of parts of fingers and toes should be noted, showing the particular member injured and how much of it is gone.

(n) Marks and scars should be sought in unusual locations. Circumcision results in a scar and should be recorded, as should a pilonidal cyst operation, mastoidectomy, scars in pubic hair, in the scalp, on the soles of the feet, or on the toes.

(o) When dental charting of a body is made for purposes of identification the types and extent of fillings shall be indicated with care and in accordance with instructions contained in paragraphs 2231, 2232, and 2233.

(p) The following abbreviations are authorized and shall be understood in the sense indicated as follows: *Amp.*, amputation; *bl.*, blue; *bmk.*, birth-mark; *bro.*, brown; *d.*, diameter; *f.*, flat; *fl.*, fleshy; *h.*, hairy; *m.*, mole; *p.*, pitted; *p.m.*, pin-head mole; *r.*, raised; *s.*, scar or smooth; *v.*, vaccination; *var.*, varicose veins or varicocele; *w.*, wart.

(q) All combinations of these abbreviations are admissible, such as *p.s. 1/2 d.*, pitted scar one-half inch in diameter; *s. 1 d.*, scar one inch in diameter; *s. 1.*, scar one inch long; *f.p.s. 1 x 1/2.*, an oval, flat, pitted scar one inch long and one-half inch wide.

(r) Abbreviations denoting shape are unnecessary, for the letter *d.*, following a dimension, shows that the mark is circular. Two dimensions given indicate that the mark is oval or oblong, and when no letter follows the dimension it is understood that the mark or scar is linear.

(s) When a linear mark or scar is otherwise than straight, the length to be given is the shortest distance from one extreme to the other.

(t) The letters *t.m.* shall not be used as abbreviations for tattoo marks, as they are likely to be taken for tattooed letters on the person.

## 2250

**Identification Tags.**—Identification tags are prepared and worn in accordance with instructions issued by the Bureau of Naval Personnel. Two identification tags shall be worn by all persons in the naval service in time of war or other emergency (Art. 140, *Navy Regulations*). Each tag shall consist of an oval plate of Monel or a similar corrosion-resisting metal,  $1\frac{1}{4} \times 1\frac{1}{2}$  inches. Each identification tag shall include: Name, officer's file number or enlisted person's service number; blood group, administration of tetanus toxoid indicated by capital letter "T," followed by the number of the month

## PT. II, CH. 2. HEALTH AND IDENTIFICATION RECORDS

and the last two digits of the year (T-2-43); appropriate letters "USN," "USNR," "USMC," "USMCR," at one end of the tag. Placing the religious affiliation (designated by "P," Protestant; "C," Catholic; or "H," Hebrew) on the identification tag shall be optional with the wearer. All information on the tag shall be placed on only one side and the other side shall be left blank; the etching of the fingerprint is no longer required. In the event of burial either ashore or at sea, one identification tag shall be attached to the body and the other shall be sent to the Bureau of Naval Personnel as soon as practicable. For this purpose, the two tags shall be worn in such a manner that either one may be removed, leaving the other in place.

## 2251

**Special Identification Card.**—2251.1. Each individual of the Medical, Dental, Hospital, and Nurse Corps shall carry at all times a special identification card (NAVPERS-546) bearing a red cross stamped in the lower left corner. The card also shall bear the date of issue, corps, and rank or rate.

2251.2. Each member of the crew of a hospital ship, officer and enlisted, shall carry a NAVPERS-546. In addition to the data required in paragraph 2251.1, the NAVPERS-546 issued to an individual serving on a hospital ship shall bear the name of the ship typed below the photograph.

## SECTION XV. ARMY PERSONNEL

	Paragraph
Reports on Army Personnel .....	2252

## 2252

**Reports on Army Personnel.**—2252.1. The Emergency Medical Tag, U. S. Army (Medical Department, U. S. A., Form 62B), is used by the Army to identify the individual and to record diagnosis, treatment, and the disposition of patients. When a patient is received with this tag it signifies he has been transferred to the medical unit concerned. Upon arrival of such an individual at a Navy Medical Department activity for hospitalization, a NAVMED-H-8 shall be opened showing the name in full with the last name first, serial number, grade or rate, company, regiment, arm of service (infantry, field artillery, etc.), division of Army (first, second, third, etc.), date of birth, race (white, Negro, etc.), state or country in which born, length of service, and source of admission. NAVMED-H-8 and the Emergency Medical Tag, U. S. Army, shall be maintained by the Medical Department activity. Even though an Army patient is received at a field medical unit without an Emergency Medical Tag, a NAVMED-H-8 shall be prepared as described above and maintained.

2252.2. Upon transfer of an Army patient received at a naval medical unit, the Emergency Medical Tag and the NAVMED-H-8 showing the date of transfer shall accompany the patient.

2252.3. When such a patient is discharged to duty, he shall be accompanied by the Emergency Medical Tag and NAVMED-H-8 which shall show the date of discharge.

## PART II—CHAPTER 3

# STATISTICAL REPORTING AND DIAGNOSTIC NOMENCLATURE

	Paragraphs
Section I. STATISTICAL REPORTING—INSTRUCTIONS .....	231–2314
II. DIAGNOSTIC NOMENCLATURE—INSTRUCTIONS ..	2315–2321
III. TITLES BY DIAGNOSTIC CLASSES.	
IV. ALPHABETICAL LISTING OF TITLES.	
V. NOMENCLATURE OF SURGICAL OPERATIONS.	
VI. NOMENCLATURE OF NATURE AND CAUSE OF VIOLENCE.	

### SECTION I. STATISTICAL REPORTING—INSTRUCTIONS

	Paragraph
Introduction .....	231
Methods of Taking Up on the Sick List .....	232
Definition and Usage of Terms for Taking Up on the Sick List .....	233
Methods of Disposition from the Sick List .....	234
Definition and Usage of Terms for Disposition from the Sick List ....	235
NAVMED-F and NAVMED-Fa—Individual Statistical Report of Patients.	236
Reporting of Personnel in Unusual Status .....	237
DIAGNOSIS UNDETERMINED .....	238
Disabilities Existing Prior to Entry into the Naval Service .....	239
Disabilities Arising While in Desertion Status .....	2310
Injuries and Poisonings—Methods of Reporting .....	2311
Designation of Aviation Personnel .....	2312
Key Letters .....	2313
Specialty Letters .....	2314

#### 231

**Introduction.**—Standardized reports and nomenclature are necessary for accurate morbidity and mortality statistics. The procedure for completing the principal Medical Department statistical reports on the sick and injured and the nomenclature for all reports of diagnoses, surgical operations, and nature and cause of violence are treated in this chapter.

#### 232

**Methods of Taking Up On the Sick List.**—The following abbreviations shall be used for entries on Individual Statistical Reports of Patients, NAVMED-F's (Form F cards), and on the left margins of NAVMED-H-8's (Medical History sheets):

A .....	NEW ADMISSION.
RA .....	READMISSION.
ACD .....	ADMITTED CONTRIBUTORY DISABILITY.
FT .....	FROM TRANSFER.
EC .....	DIAGNOSIS ESTABLISHED OR CORRECTED.
AD .....	ADDITIONAL DIAGNOSIS.
FS .....	FORMER STATUS.
"—" .....	REMAINING.

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

## 233

**Definition and Usage of Terms for Taking Up On the Sick List.**  
—233.1. A (NEW ADMISSION).—(a) Each patient taken up on the sick list with a diagnosis which is unrelated to any diagnosis for which previously admitted to the sick list shall be taken up as A (NEW ADMISSION), except as stated in paragraph 233.6 (b).

*Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with DENGUE (1001), which he has never had before.

(b) Each patient taken up on the sick list with a diagnosis which is a separate, distinct, and new occurrence of a previous disability from which there has been complete recovery shall be taken up as A (NEW ADMISSION).

*Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with ACUTE CATARRHAL FEVER (801), which he had 2 months before and from which he had fully recovered.

(c) Each patient taken up on the sick list for the first time with a diagnosis considered to have existed prior to entry into the naval service (EPTE) shall be taken up as A (NEW ADMISSION). All entries subsequent to the first entry for an EPTE condition shall be taken up according to regular procedures. (See par. 236.3, line 6; par. 239.)

*Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with ASTHMA (1801), which is considered to have existed prior to his entry into the naval service.

(d) Each patient taken up on the sick list with a diagnosis considered to have been incurred while in a desertion status shall be taken up as A (NEW ADMISSION). (See par. 2310.)

*Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with GONOCOCCUS INFECTION, URETHRA (1215), which was incurred while in a desertion status.

233.2. RA (READMISSION).—Each patient taken up on the sick list with a diagnosis considered to be a definite continuation, relapse, or recurrence of the same diagnosis for which previously taken up and sent to duty shall be taken up as RA (READMISSION). The symbol RA (READMISSION) shall not be used for any other method of taking up. A subsequent new and independent occurrence of the same diagnosis shall be taken up as A (NEW ADMISSION), as provided in paragraph 233.1.

*Example:*

A patient is taken up as RA (READMISSION) with MALARIA, BENIGN TERTIAN (1030), which has relapsed following a previous admission and discharge from the sick list for MALARIA, BENIGN TERTIAN (1030). If, in this case, it was determined that there was a new infection rather than a relapse, the patient should be taken up as A (NEW ADMISSION).

233.3. ACD (ADMITTED CONTRIBUTORY DISABILITY).—(a) Each patient on the sick list who develops a complication or sequela of the current diagnosis shall be disposed of as C (DIAGNOSIS CHANGED)

## SECTION I. STATISTICAL REPORTING—INSTRUCTIONS

and taken up with the complication or sequela as ACD (ADMITTED CONTRIBUTORY DISABILITY). If at a later date it becomes necessary to place the individual again on the sick list, because of a relapse or recurrence of a previous complication (ACD), he shall be taken up as RA (READMISSION) under the diagnosis of that complication. (See par. 233.2.)

*Example:*

A patient is taken up on the sick list as ACD (ADMITTED CONTRIBUTORY DISABILITY) with UNION OF FRACTURE, FAULTY (2581), which is a sequela of a fracture for which he is currently on the sick list.

(b) Each patient taken up on the sick list because of a complication or sequela resulting from a diagnosis for which the patient has previously been admitted and disposed of from the sick list shall be taken up as ACD (ADMITTED CONTRIBUTORY DISABILITY).

*Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with RHEUMATIC FEVER (1322) and is sent back to duty; later he is taken up again as ACD (ADMITTED CONTRIBUTORY DISABILITY) with VALVULAR HEART DISEASE, MITRAL INSUFFICIENCY (244).

(c) If the primary disability is present with the complication or sequela and has not been reported previously, the case shall first be taken up under the primary diagnosis as A (NEW ADMISSION), discharged as C (DIAGNOSIS CHANGED), and then taken up as ACD (ADMITTED CONTRIBUTORY DISABILITY) with the diagnosis of the complication.

*Example:*

A patient reports to the sick bay with COLITIS, CHRONIC (381) resulting from AMEBIASIS (2202), which has not been previously reported; he is taken up as A (NEW ADMISSION) with AMEBIASIS (2202), discharged as C (DIAGNOSIS CHANGED), reason—*sequela*, and then taken up as ACD (ADMITTED CONTRIBUTORY DISABILITY) with COLITIS, CHRONIC (381).

(d) If at the time of admission to the sick list the primary disability is not present with the complication or sequela and the patient has not been taken up previously with this primary diagnosis, the complication or sequela shall be taken up as A (NEW ADMISSION), and a note made on line 12 of the NAVMED-F and in the Health Record as follows: "No previous admission for underlying..... (name of primary disability) which is not now present."

*Example:*

A patient reports to the sick bay with chronic arthritis resulting from a contusion of the shoulder which has not been reported previously and which is not now present: he is taken up as A (NEW ADMISSION) with ARTHRITIS, CHRONIC, Shoulder (1651), and a note is made on line 12 of the NAVMED-F and also in the Health Record as follows: "No previous admission for underlying disability, CONTUSION, Shoulder (2512), which is not now present."

233.4. FT (FROM TRANSFER).—(a) Each patient received from transfer shall be taken up on the sick list as FT (FROM TRANSFER) with the diagnosis under which transferred.

*Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with SCARLET FEVER (814) and then is transferred to a hospital; a new NAVMED-F is opened

## PT. II, CH. 3. STATISTICAL REPORTING & DIAGNOSTIC NOMENCLATURE

at the hospital and the patient is taken up as FT (FROM TRANSFER) with SCARLET FEVER (814).

(b) Each patient returning from sick or convalescent leave shall be taken up on the sick list, even though for record only, as FT (FROM TRANSFER) with the same diagnosis for which carried while on leave.

### *Examples:*

(1) A patient recuperating from WOUNDS, MULTIPLE (2564) is sent on sick leave; returning from sick leave he is taken up as FT (FROM TRANSFER) with WOUNDS, MULTIPLE (2564), even though for record only.

(2) A patient returning from convalescent leave is taken up as FT (FROM TRANSFER) with the diagnosis No DISEASE (Convalescent leave) (2143), even though for record only.

233.5. EC (DIAGNOSIS ESTABLISHED OR CORRECTED).—(a) The established diagnosis in a case first taken up under DIAGNOSIS UNDETERMINED shall be reported as EC (DIAGNOSIS ESTABLISHED OR CORRECTED). (See par. 236.3, line 9; par. 238.)

### *Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with DIAGNOSIS UNDETERMINED (Whooping Cough) (2122); later the diagnosis is established; the patient is disposed of as C (DIAGNOSIS CHANGED), and is taken up again as EC (DIAGNOSIS ESTABLISHED OR CORRECTED) with WHOOPING COUGH (816). (Note: The established diagnosis need not be the same as the suspected diagnosis.)

(b) The corrected diagnosis following a change of diagnosis by reason of error shall be taken up as EC (DIAGNOSIS ESTABLISHED OR CORRECTED). (See par. 236.3, line 9.)

### *Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with CATARRHAL FEVER, ACUTE (801); later this diagnosis is found to be in error; the patient is disposed of as C (DIAGNOSIS CHANGED), reason—*error*, and is then taken up again as EC (DIAGNOSIS ESTABLISHED OR CORRECTED) with CEREBROSPINAL FEVER, MENINGOCOCCIC (802).

233.6. AD (ADDITIONAL DIAGNOSIS).—(a) Each patient, who, at the time of taking up on the sick list, has an additional, unrelated disability which warrants recording shall be disposed of, at the appropriate time, as C (DIAGNOSIS CHANGED) and shall be taken up as AD (ADDITIONAL DIAGNOSIS) with this concurrent disability. (See par. 233.7.)

### *Example:*

A man reports to the sick bay with GASTRO-ENTERITIS, ACUTE (332), and also has FUNGUS INFECTION, SKIN (2212); he is taken up as A (NEW ADMISSION) with GASTRO-ENTERITIS, ACUTE (332); at an appropriate time if the fungus infection is severe enough to warrant recording as the major disability he is disposed of as C (DIAGNOSIS CHANGED), and taken up again as AD (ADDITIONAL DIAGNOSIS) with FUNGUS INFECTION, SKIN (2212).

(b) Each patient, who, while on the sick list, develops an unrelated, intercurrent disability which warrants recording shall be disposed of as C (DIAGNOSIS CHANGED) at an appropriate time, and shall be taken up with the intercurrent diagnosis as AD (ADDITIONAL DIAGNOSIS). (See par. 233.7.)

## SECTION I. STATISTICAL REPORTING—INSTRUCTIONS

*Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with TUBERCULOSIS, PULMONARY, REINFECTION, ACTIVE, MINIMAL (1123); while on the sick list with this diagnosis he falls and fractures a bone of the arm; he is disposed of immediately as C (DIAGNOSIS CHANGED) and is taken up again as AD (ADDITIONAL DIAGNOSIS) with FRACTURE, SIMPLE, RADIUS (2531).

(c) Each injury case where more than one injury diagnosis resulting from the same violence is considered necessary to be reported shall be taken up with the most serious injury diagnosis as A (NEW ADMISSION). Then, if another injury of importance warrants recording, for example, a permanently disabling injury, the case shall be disposed of as C (DIAGNOSIS CHANGED) and taken up as AD (ADDITIONAL DIAGNOSIS) with the other injury.

*Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with FRACTURE, COMPOUND, Skull (2529), sustained in an explosion in which he also lost a leg. When the time is appropriate to record the loss of the leg, the patient is disposed of as C (DIAGNOSIS CHANGED) and is taken up again as AD (ADDITIONAL DIAGNOSIS) with AMPUTATION, TRAUMATIC, Left Leg (2572).

(d) When a patient is to be granted convalescent leave, the case shall be disposed of from the current diagnosis as C (DIAGNOSIS CHANGED) and immediately taken up as AD (ADDITIONAL DIAGNOSIS) under No DISEASE (Convalescent Leave) (2143), and disposed of as T (TRANSFERRED).

233.7. FS (FORMER STATUS).—(a) Each patient continuously on the sick list whose diagnosis has been changed to AD (ADDITIONAL DIAGNOSIS) shall again be taken up with the former diagnosis as FS (FORMER STATUS) if the former disability is still present following termination of the additional diagnosis. In these cases the additional diagnosis shall be terminated as C (DIAGNOSIS CHANGED), reason—*return to former status*.

*Example:*

A patient is taken up on the sick list as A (NEW ADMISSION) with TUBERCULOSIS, PULMONARY, PRIMARY, ACTIVE (1101). While on the sick list with this diagnosis he falls and fractures a bone of the arm; he is disposed of as C (DIAGNOSIS CHANGED) and is again taken up as AD (ADDITIONAL DIAGNOSIS) with FRACTURE, SIMPLE, RADIUS (2531); at the conclusion of treatment for the fracture, or whenever appropriate, he is disposed of as C (DIAGNOSIS CHANGED) and is again taken up as FS (FORMER STATUS) with TUBERCULOSIS, PULMONARY, PRIMARY, ACTIVE (1101).

(b) A patient who deserts while on the sick list shall, if he returns, be taken up as FS (FORMER STATUS) if the disability at the time of deserting is still present. When a patient in desertion status develops a complication of the disability which he had at the time of deserting or an unrelated disability, he shall first be taken up as FS (FORMER STATUS) with the diagnosis he had at time of deserting and then handled according to the applicable procedure (pars. 233.2, 233.3, and 233.6).

(c) If a patient who is discharged from service by reason of expiration of enlistment while on the sick list (see par. 235.1 (d)) reenlists while still a patient with the same disability, he shall be taken up as FS (FORMER STATUS). If the diagnosis at the time of reenlistment is not the same as that at the time of expiration of enlist-

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

ment, the patient shall be taken up and handled according to the applicable procedure (pars. 232 and 233).

233.8. “—”(REMAINING).—All cases remaining on the sick list from the previous year shall be taken up as “—” (REMAINING). (See pars. 236.4 and 236.5.)

*Example:*

A patient who is on the sick list at the end of the year with NEPHRITIS, ACUTE (725) is disposed of on 31 December as “—” (CONTINUED TO NEXT YEAR) and again taken up as “—” (REMAINING) with NEPHRITIS, ACUTE (725).

234

**Methods of Disposition from the Sick List.**—The following abbreviations shall be used for entries on NAVMED-F's and on the left margins of NAVMED-H-8's (Medical History sheets):

D .....	DUTY.
C .....	DIAGNOSIS CHANGED.
DD .....	DIED.
IS .....	INVALIDED FROM SERVICE.
RAN .....	DESERTED.
T .....	TRANSFERRED.
“—” .....	CONTINUED TO NEXT YEAR.

235

**Definition and Usage of Terms for Disposition from the Sick List.**—235.1. D (DUTY).—(a) Each patient returned to duty shall be disposed of from the sick list as D (DUTY).

(b) Each patient transferred to the Naval or Marine Corps Reserve shall be disposed of from the sick list as D (DUTY) on the date of transfer.

(c) Each patient granted leave of absence (not including sick or convalescent leave), to begin upon discharge from treatment, shall be disposed of from the sick list as D (DUTY).

(d) Each patient discharged from the service because of expiration of enlistment and retained in the hospital as a supernumerary, shall be disposed of from the sick list on the date of discharge from service as D (DUTY).

235.2. C (DIAGNOSIS CHANGED).—A diagnosis may be changed for any of the reasons shown in Column I, below, and the patient shall then be taken up with the succeeding diagnosis using the designation shown in Column II, below:

Column I	Column II
Reason diagnosis changed:	Taken up with next diagnosis as:
(a) Complication.....	ACD (See par. 233.3.)
(b) Sequela.....	ACD (See par. 233.3.)
(c) Error.....	EC (See par. 233.5.)
(d) Diagnosis Established.....	EC (See par. 233.5.)
(e) Concurrent Diagnosis.....	AD (See par. 233.6.)
(f) Intercurrent Diagnosis.....	AD (See par. 233.6.)
(g) Convalescent Leave.....	AD (See par. 233.6.)
(h) Return to Former Status.....	FS (See par. 233.7.)

*Examples:*

(a) *Complication:* A patient is under treatment for SCARLET FEVER (814), which becomes complicated with OTITIS MEDIA, ACUTE (520). The patient is disposed of from SCARLET FEVER (814) as C, reason—*complication*, and is taken up as ACD for OTITIS MEDIA, ACUTE (520).

## SECTION I. STATISTICAL REPORTING—INSTRUCTIONS

(b) *Sequela*: A patient is admitted with CRUSH, Leg (2514), loses the leg by surgical amputation. The patient is disposed of from CRUSH, leg (2514), as C, reason—*sequela*, and is taken up as ACD with the diagnosis ABSENCE, ACQUIRED, Leg (2100).

(c) *Error*: A patient is admitted with a diagnosis of TUBERCULOSIS, PULMONARY, REINFECTION, ACTIVE, MINIMAL (1123), which is later determined to be BRONCHITIS, CHRONIC (1803). The patient is disposed of from diagnosis of TUBERCULOSIS as C, reason—*error*, and is taken up as EC for BRONCHITIS, CHRONIC (1803).

(d) *Diagnosis Established*: A patient is admitted as DIAGNOSIS UNDETERMINED (2122) and is later found to have MEASLES (809). The patient is disposed of from DIAGNOSIS UNDETERMINED (2122) as C, reason—*diagnosis established*, and is taken up as EC for MEASLES (809).

(e) *Concurrent Diagnosis*: A patient admitted for TONSILLITIS, ACUTE (818), is found also to have GONOCOCCUS INFECTION, URETHRA (1215). When appropriate the diagnosis TONSILLITIS, ACUTE (818), is changed as C, reason—*concurrent diagnosis*, and the patient is taken up as AD for GONOCOCCUS INFECTION, URETHRA (1215).

(f) *Intercurrent Diagnosis*: A patient under treatment for ANGINA, VINCENT'S (800) develops APPENDICITIS, ACUTE (304). The patient is disposed of from ANGINA, VINCENT'S (800) by C, reason—*intercurrent diagnosis*, and is taken up as AD for APPENDICITIS, ACUTE (304).

(g) *Convalescent Leave*: A patient who is granted convalescent leave following termination of treatment for BURN, Multiple (2508), is disposed of by C, reason—*convalescent leave*, and immediately taken up as AD for NO DISEASE (Convalescent Leave) (2143). He is then immediately disposed of as T (TRANSFERRED). (See par. 235.6 (b).)

(h) *Return to Former Status*: A patient under treatment for TUBERCULOSIS, PULMONARY, PRIMARY, ACTIVE (1101), receives an injury. He is disposed of from TUBERCULOSIS by C, reason—*intercurrent injury*, and is taken up as AD with the injury. When the patient recovers from the injury, he is disposed of from the injury by C, reason—*return to former status*, and is taken up as FS with TUBERCULOSIS, PULMONARY, PRIMARY, ACTIVE (1101).

235.3. DD (DIED).—Each death shall be disposed of from the sick list as DD (DIED) with the diagnosis of the immediate cause of death. If the immediate cause of death differs from the diagnosis with which the patient was currently on the sick list, the patient shall be disposed of as C (DIAGNOSIS CHANGED), then properly taken up with the immediate cause of death and promptly disposed of as DD (DIED).

235.4. IS (INVALIDED FROM SERVICE).—Each case of termination of service of an officer by retirement for physical disability, of a midshipman or aviation cadet for physical disability, or of enlisted personnel through an approved recommendation of a board of medical survey shall be disposed of from the sick list as IS (INVALIDED FROM SERVICE). Only the activity from which the actual discharge from the service takes place shall use this disposition. A hospital, station, or ship may survey a patient and recommend discharge from the service, but if the actual discharge takes place on a receiving ship or other station, the recommending hospital, station, or ship shall dispose of the patient as T (TRANSFERRED), and at the activity to which transferred the patient shall be taken up as FT (FROM TRANSFER) and disposed of as IS (INVALIDED FROM SERVICE) on the date of actual discharge from the service. The diagnosis under which disposed of in the Health Record and on the NAVMED-F shall always agree with the diagnosis for which the patient is invalided from the service.

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

235.5. RAN (DESERTED).—Each case of termination of service through desertion while on the sick list shall be disposed of as RAN (DESERTED). The record shall be closed out, when the patient is officially declared a deserter, as of the actual date of "running." A patient returning before being officially declared a deserter shall be continued on the sick list without interruption. A patient returning after being officially declared a deserter, shall be taken up as FS (FORMER STATUS). (See par. 233.7 (b).)

235.6. T (TRANSFERRED).—(a) Each patient transferred to another ship, station, or hospital shall be disposed of as T (TRANSFERRED).

(b) Each patient sent on sick or convalescent leave shall be disposed of from the sick list as T (TRANSFERRED). (See par. 237.17.)

235.7. "—" (CONTINUED TO NEXT YEAR).—All cases present on the sick list as of midnight, 31 December, shall be disposed of, that is, closed out for the year, as "—" (CONTINUED TO NEXT YEAR). (See pars. 236.4 and 236.5.)

236

**NAVMED-F and NAVMED-Fa—Individual Statistical Report of Patients.**—236.1. NAVMED-Fa (duplicate or carbon copy of NAVMED-F) serves to advise the Bureau of each admission to, change of status on, and discharge from, the sick list of each patient. It is an essential part of the vital statistics of the Navy. NAVMED-F is filed in the medical activity for statistical reference purposes.

236.2. WHEN PREPARED AND FORWARDED.—(a) A NAVMED-F and NAVMED-Fa shall be opened each time a person is taken up (A, RA, ACD, FT, EC, AD, FS, "—") on the sick list, even though taken up for record only (for examples, cases admitted and discharged to duty on the same date, cases returning from sick or convalescent leave for disposition, etc.). Both NAVMED-F and NAVMED-Fa are retained until completed by disposition or change of status (D, C, DD, IS, RAN, T, "—") of the patient. The data for preparation of the forms shall be obtained from the Health Record and from the nomenclature at the end of this chapter.

(b) In the case of *active-duty personnel* the NAVMED-F's shall be closed out and the NAVMED-Fa's forwarded direct to the Bureau as promptly as possible upon disposition or change of status of patients. They shall be sent under separate cover, not with any other correspondence, and mailed as nearly as possible on a daily basis. Letters of transmittal are not required and shall not be forwarded, except as noted in paragraph 236.6. Inasmuch as NAVMED-Fa is a statistical punch card, special care shall be taken in handling and forwarding to avoid folding, wrinkling, wetting, or other damage which would preclude usage in statistical machines. For the same reasons they shall not be fastened together in any fashion. The NAVMED-F's shall be retained for office files, for preparation of the Monthly Morbidity Report (NAVMED-582), and for other reports as required. At the end of the year, for statistical purposes, the NAVMED-F's of all cases continuing on the sick list to the next year are closed out as "—" (CONTINUED TO NEXT YEAR) and the NAVMED-Fa's are sent to the Bureau. New NAVMED-F's are opened for the new year (par. 236.4).

(c) When Army and Coast Guard personnel are treated in naval

## SECTION I. STATISTICAL REPORTING—INSTRUCTIONS

medical facilities, NAVMED—Fa's shall be forwarded directly to the Surgeon General, U. S. Army, or U. S. Coast Guard Headquarters, Washington, D. C., as the case may be. In the case of all other supernumeraries, the procedure is the same as for active-duty personnel except that the NAVMED—Fa's are not required and shall not be prepared and forwarded unless specifically requested by the Bureau.

## 236.3. INSTRUCTIONS FOR NUMBERED LINES.—

**LINE 1.—Name:** Surname and given names in full and file or service number.

**LINE 2.—Race:** State as white, Negro, American Indian, Filipino, Samoan, Chamorro, Chinese, Japanese, etc. **Date of Birth:** Express month, day, and year as numerals (6-27-45). **Place of Birth:** Name of state; if foreign born, state country.

**LINE 3.—Rank or Rate:** Use approved abbreviations. **Aviation:** Status at time of taking up (par. 2312). **Length of Service:** All service in Navy and Marine Corps as a commissioned officer, commissioned warrant officer, warrant officer, aviation cadet, midshipman, enlisted man, and active reserve shall be used in computing length of service. Odd days less than one month shall be dropped.

**LINE 4.—Diag. No.:** Use Navy diagnosis numbers indicated in Nomenclature by Diagnostic Classes, Section II. **Diagnosis Title (Navy Nomenclature):** Complete the title by stating location, cause, type, etc., as required. In taking up a case received from transfer, particular care should be exercised to see that the diagnosis reported agrees with that under which transferred.

**LINE 5.—Taken Up As:** Method of taking up on sick list shall be indicated by an abbreviation (par. 232). **Date:** Indicate date of present taking up (month, day, and year) in numerals. **Disposition:** Method of disposition shall be indicated by an abbreviation (par. 234). **Date:** Indicate date of present disposition in numerals (month, day, and year) from the diagnostic title on line 4. **Sick Days:** In computing the number of sick days the date of admission shall be considered a day of duty and the date of discharge a day of absence; count the latter, but not the former. In case there is a series of NAVMED—F's for a continuous stay on the sick list, the same rule applies, thus preventing the days of taking up or disposition from being counted twice. No sick days shall be counted for cases taken up and disposed of on the same calendar day. In reporting the sick days of cases remaining from the preceding year, the first day of the current calendar year shall be counted as shown in paragraph 236.5. The number of sick days shown on this line shall be increased by one in eastward crossings of the international date line (180th meridian) and decreased by one in westward crossings, and a note of such gain or loss, with date of crossing, made on line 12.

**LINE 6.—EPTE:** Use to indicate whether the disability reported on line 4 is considered to have existed prior to entry into the naval service. State "yes" or "no." **Previously Taken Up:** State "yes" only if previously admitted with the disability entered on line 4 which was and continues to be EPTE; otherwise, state "no." **Key:** Enter appropriate key letter as defined in paragraph 2313. **Specialty:** Enter appropriate specialty letter as defined in paragraph 2314.

**LINE 7.—Patient Received From:** State name of ship or station from which the patient was received by transfer; if by reason of change of diagnosis, so enter. Indicate when admitted direct to a naval hospital by orders of the Bureau of Naval Personnel; Commandant, Marine Corps; or Headquarters, Coast Guard, from sick leave, convalescent leave, or from home awaiting discharge or retirement. Indicate if the patient is a straggler or in desertion status. Straggler or deserter cases shall be taken up as A (NEW ADMISSION) if no previous admission to the sick list has been made for the same diagnosis. When a case is taken up from a change of diagnosis on the preceding NAVMED—F, enter the phrase "Change of diagnosis." Hospitals, only, shall indicate by the word "Staff" when the patient is a member of the hospital staff.

**LINE 8.—Transferred as a Patient To:** Use for cases disposed of as T (TRANSFERRED). The name of the place to which transferred shall be stated when known. In case of transfer to sick leave, etc., so state. In case of intermediate transfer, the name of the naval vessel to which actually sent for transportation shall be given, not the place to which ultimate transfer is to be made. If such transfer is by commercial transportation or Army transport, the words "via commercial transportation" or "via Army transport" shall be inserted after the name of the station or hospital to which the patient is to report. When the name of the hospital to which the patient

## PT. II, CH. 3. STATISTICAL REPORTING & DIAGNOSTIC NOMENCLATURE

will report is unknown to the original or intermediate transferring activity, the following statement shall be used: "T to a naval hospital in ----- (geographical location) for further treatment."

LINE 9.—**Diag. Changed (C)—To:** Enter Navy Nomenclature title of the new diagnosis. **Diag. No.:** Use diagnosis number of Navy Nomenclature. **On Account Of:** Enter the reason for the change of diagnosis. (See par. 235.2.)

LINE 10.—**ACD:** To be completed only when the case is taken up as an ADMITTED CONTRIBUTORY DISABILITY. **Diag. No.:** Use diagnosis number of Navy Nomenclature. **Primary Diagnosis:** State the primary diagnosis (Navy Nomenclature) of which disability reported on line 4 is a complication or sequela.

LINE 11.—**This Card Sent From:** Name of ship or station preparing the NAVMED-F except as in paragraph 237.

LINE 12.—**Remarks:** (a) The space provided as line 12 shall be used for such additional remarks as are required or considered necessary to clarify the report. Circumstances of occurrence for every taking up for injuries or poisonings shall be entered as indicated in paragraph 2311.1.

(b) There shall be entered on line 12, the serial number of each NAVMED-171 (Venereal Disease Contact Report) submitted when a venereal disease is first reported as A (NEW ADMISSION). In the case of change due to EC (DIAGNOSIS ESTABLISHED OR CORRECTED), this information shall be given on the card closed out by C (DIAGNOSIS CHANGED), rather than on the subsequent card opened by EC (DIAGNOSIS ESTABLISHED OR CORRECTED).

236.4. **CASES CONTINUING AT THE END OF ONE YEAR AND REMAINING AT THE BEGINNING OF THE NEXT.**—All cases present as of midnight, 31 December, shall have their NAVMED-F's closed out as "—" (CONTINUED TO NEXT YEAR). They are taken up on new forms for the new year as "—" (REMAINING). Thus, two NAVMED-F's are required for each such case. On the card for the year just ended, a dash, "—," indicating CONTINUED, shall be entered under *Disposition* on line 5 as of the last day of the year, and the number of sick days from the *Date of present Taken Up As* (on line 5) to and including December 31. On the card for the ensuing year, a dash, "—," indicating REMAINING shall be entered under *Taken Up As* on line 5, followed by the *Date, Taken Up As* in the previous year; when noting final disposition of these cases, include only the sick days for the current year, including 1 January.

### 236.5. EXAMPLES FOR USE IN FORWARDING NAVMED-Fa's:

	Taken Up As	Date	Dispo- sition	Date	Sick days	Forwarded to BuMed
1-----	A	8-23-44	D	8-28-44	5	8-28-44
2-----	RA	12-20-44	—	12-31-44	11	12-31-44
3-----	—	12-20-44	D	1-10-45	10	1-10-45

Examples 2 and 3 indicate the method of recording a "—" (CONTINUED) case.

236.6. **ONLY COMPLETED CARDS TO BE FORWARDED.**—If there is no Health Record to which reference can be made for the completion of NAVMED-F's, the information necessary to complete the form shall be obtained from the Service Record, if available; otherwise, if possible, from the patient. An incomplete NAVMED-Fa shall not be sent to the Bureau unless the data are unobtainable, in which event the form shall be accompanied by a letter directing attention to the incomplete record and stating the reason therefor.

236.7. **NAVMED-Fa's TO BE INITIALED.**—Before NAVMED-Fa's are

## SECTION I. STATISTICAL REPORTING—INSTRUCTIONS

forwarded to the Bureau, they shall be verified and initialed in the lower right-hand corners by a responsible representative of the medical department, preferably by the medical officer handling the cases.

## 237

**Reporting of Personnel in Unusual Status.**—237.1. Personnel taken up on the sick list while in unusual circumstances shall be reported as follows:

237.2. **ILLNESS OF NAVAL PERSONNEL ON LEAVE OR ON DUTY AWAY FROM MEDICAL DEPARTMENT PERSONNEL.**—When illness or injury of such persons comes to the attention of any member of the Medical Department, it shall be his duty to inform the appropriate commands. If circumstances do not permit preparation and forwarding of NAVMED-Fa's by the medical department of the patient's command, the forms shall be prepared and forwarded by the member of the Medical Department having knowledge of the case.

237.3. **PERSONNEL TEMPORARILY AWAY FROM COMMAND.**—When a member of the personnel of a ship or station temporarily away from his command is admitted direct and carried on the sick list by the medical department of another ship, station, or hospital, the case shall be taken up there as FT (FROM TRANSFER), and another NAVMED-F prepared showing A (NEW ADMISSION) at his regular station, and T (TRANSFERRED) from his regular station to that at which carried on the sick list; line 11 will show the forwarding as well as the regular station, for example, "U.S.S. *Iowa*, by U. S. Naval Hospital, Chelsea, Mass." The NAVMED-Fa showing this A and T shall be sent direct to the Bureau and the NAVMED-F shall be sent to the ship or station to which the patient is regularly attached. Personnel detached from a ship or station and proceeding to another ship or station, who are admitted to the sick list by the medical department of a ship (except when being transported; see par. 236.3, line 8), station, or hospital while en route, shall be taken up as FT (FROM TRANSFER). A NAVMED-F shall be prepared showing A (NEW ADMISSION) at the ship or station to which they are to report, and T (TRANSFERRED) to the ship, station, or hospital at which placed on the sick list; line 11 shall show the name of the forwarding station as well as that of the ship or station for which the NAVMED-Fa is forwarded (and to which the NAVMED-F is sent). Line 8 of the NAVMED-F shall carry the same notations if a ship or dispensary acts as an intermediary and transfers the case to a naval hospital or other place for treatment. The NAVMED-F shall be forwarded to the ship or station to which the patient is attached, or to which he was proceeding, at the time of his admission to the sick list, for inclusion with the statistical returns made by that station. This procedure credits the proper command with the original admission.

237.4. **YARD CRAFT.**—These shall be considered a part of, and included with, the yard or station to which attached, when preparing NAVMED-F's.

237.5. **SHIPS OF THE FLEET WHICH HAVE NO MEDICAL DEPARTMENT PERSONNEL.**—These shall be considered a part of, and included with, the ship to which assigned, when preparing NAVMED-F's.

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

237.6. SUBMARINES, AVIATION SQUADRONS (OR UNITS).—In the preparation of NAVMED-F's for submarine or aviation personnel, the procedure shall be the same as in paragraphs 237.3, 237.4, or 237.5, with the exception that line 11 of the NAVMED-F's shall also carry the name of the submarine or aviation squadron (or unit). Examples: Submarine Base, New London (U.S.S. *S-30*); NAS, Norfolk, Va. (VP-201); U.S.S. *Ranger* (VF-22); U.S.S. *Albemarle* (VP-206).

237.7. DISTRICT CRAFT WHICH HAVE NO MEDICAL DEPARTMENT PERSONNEL.—Personnel of these craft shall be considered in regard to NAVMED-F's as on duty at their district headquarters, and line 11 of the NAVMED-F's shall carry the name of the district. When cared for by the medical department personnel of other activities, the NAVMED-F procedure shall be as in paragraph 237.3. District headquarters shall maintain files of NAVMED-F's for these personnel.

237.8. PERSONNEL ON RECRUITING DUTY.—Such personnel shall be considered, in regard to NAVMED-F procedure, as on duty at the central recruiting station under whose jurisdiction they come, and line 11 of the NAVMED-F's shall carry the name of the central recruiting station. When cared for by the medical department personnel of other activities, the NAVMED-F procedure shall be as in paragraph 237.3. Central recruiting stations shall maintain files of NAVMED-F's for all persons under their jurisdiction.

237.9. ISOLATED, INDEPENDENT, OR DETACHED DUTY AWAY FROM MEDICAL DEPARTMENT PERSONNEL.—Persons under the direct jurisdiction of a ship, station, or naval district shall be considered, in regard to NAVMED-F procedure, as on duty there, and shall be so reported. Line 11 of the NAVMED-F shall carry the name of that activity. When cared for by the medical department personnel of other activities, the NAVMED-F procedure shall be as in paragraph 237.3. Ships, stations, and districts shall maintain files of NAVMED-F's for such persons under their jurisdiction.

237.10. NAVAL DISTRICTS.—The medical departments of naval district headquarters shall maintain files of NAVMED-F's for headquarters personnel and for persons under the jurisdiction of district headquarters who are either responsible directly to the headquarters or who are on duty in the district but are away from Medical Department personnel. (See pars. 237.7 and 237.9.)

237.11. SICKNESS WHILE ON LEAVE.—When sickness or injury occurs while on leave, the NAVMED-F's shall be prepared by the activity to which the person is attached, when aware of the circumstances, unless cared for as in paragraph 237.3. If the person returns to his ship or station and continues on the sick list under the same diagnosis, he shall be continued on the same NAVMED-F until disposed of (par. 234).

237.12. DEATH WHILE ON LEAVE.—If death occurs while the person is on leave, NAVMED-F and NAVMED-Fa shall be prepared by the activity making out the NAVMED-N (Certificate of Death).

237.13. INTERVENING DISABILITIES WHILE ON SICK OR CONVALESCENT LEAVE.—(a) When a person is taken up with an intervening disability at the hospital (or other activity) from which granted such

## SECTION I. STATISTICAL REPORTING—INSTRUCTIONS

leave the case shall be taken up as FT (FROM TRANSFER) with the diagnosis under which carried at the time of departure on leave, immediately disposed of by C (DIAGNOSIS CHANGED), and then taken up under the new diagnostic title as AD (ADDITIONAL DIAGNOSIS).

(b) When a person is taken up with an intervening disability developing while on sick or convalescent leave at a hospital (or other activity) other than the one from which granted such leave, the admitting activity shall prepare NAVMED-F's for the activity from which the person was granted the leave. The NAVMED-F and NAVMED-Fa shall show the case taken up as FT (FROM TRANSFER) under the diagnosis with which granted leave and closed out as T (TRANSFERRED) to the *admitting* activity. The NAVMED-Fa shall be sent to the Bureau, and the NAVMED-F shall be sent to the medical activity from which granted leave. The admitting activity shall then prepare, for its own record and use, a NAVMED-F taking up the case as FT (FROM TRANSFER) under the diagnostic title with which granted sick leave or convalescent leave and shall close it out immediately as C (DIAGNOSIS CHANGED). The case shall then be taken up as AD (ADDITIONAL DIAGNOSIS) under the diagnosis of the intervening disability and handled in the routine manner.

*Example:*

A patient who is given convalescent leave from U. S. Naval Hospital, San Diego, California, while recovering from WOUND, GUNSHOT, Chest (2576), fractures his leg. The patient is admitted to U. S. Naval Hospital, Great Lakes, Illinois, which prepares and sends to U. S. Naval Hospital, San Diego, California, NAVMED-F and NAVMED-Fa showing patient taken up at U. S. Naval Hospital, San Diego, as FT (FROM TRANSFER) under No DISEASE (Convalescent Leave) (2143), and disposed of as T (TRANSFERRED) to U. S. Naval Hospital, Great Lakes. The latter hospital prepares NAVMED-F's for its own use showing: (1) Patient taken up as FT (FROM TRANSFER) under No DISEASE (Convalescent Leave) (2143), from U. S. Naval Hospital, San Diego, and disposed of as C (DIAGNOSIS CHANGED), reason—AD (ADDITIONAL DIAGNOSIS); (2) patient taken up as AD (ADDITIONAL DIAGNOSIS), under FRACTURE, SIMPLE, Right Femur (2531).

(c) Whether or not sick or convalescent leave has expired, cases recovering from intervening disabilities which originated while in such leave status, shall be disposed of as C (DIAGNOSIS CHANGED), and immediately taken up as FS (FORMER STATUS) under the diagnosis with which the patient was carried when granted such leave.

*Example:*

In the example given under (b), above, the patient upon recovery from FRACTURE, SIMPLE, Right Femur (2531) is disposed of as C (DIAGNOSIS CHANGED) and taken up as FS (FORMER STATUS) under No DISEASE (Convalescent Leave) (2143), and thus carried until final disposition.

## 237.14. INTERVENING DISABILITIES WHILE ON LEAVE AS A PATIENT.

—(a) When a person is taken up at the hospital (or other activity) from which granted leave, it is not necessary to readmit from leave as it is from sick or convalescent leave (par. 237.13 (a)). The case shall be handled just as though he had been continuously in the hospital.

(b) When a patient is taken up at a hospital (or other activity) other than the one from which granted leave, the procedure shall be the same as with sick or convalescent leave (par. 237.13 (a)), except that when the hospital from which the patient is on leave receives the

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

NAVMEF-F from the admitting hospital, it shall close out the NAVMEF-F on file for the case by C (DIAGNOSIS CHANGED), and take him up as AD (ADDITIONAL DIAGNOSIS) with that of the intervening disability. If the intervening disability should not have been taken up as AD (ADDITIONAL DIAGNOSIS), but as ACD (ADMITTED CONTRIBUTORY DISABILITY), the procedure shall be as in the same case under paragraph 237.13 (c).

237.15. TRANSFERS TO HOSPITALS WITHIN CONTINENTAL UNITED STATES OTHER THAN NAVAL HOSPITALS.—A case may not be disposed of as T (TRANSFERRED), on the sick list, to a hospital other than a naval hospital, except those especially designated in Part I, Chapter 6B of this Manual (not to include Army and Navy General Hospital). When a patient is transferred to an Army or Public Health Service hospital, other than those designated in the preceding sentence, and (a) the transfer is temporary and the patient is expected to return soon to his activity, or (b) the activity is within, or operates from a port in, the same naval district as the hospital, neither NAVMEF-Fa nor any other report is required by the Bureau from naval activities. By an agreement effective for the duration of the war, the Army and Public Health Service will report such cases to the Bureau on their own forms. The naval activity to which the patient is attached, however, shall prepare and maintain NAVMEF-F for statistical reference. When hospitalization is to be prolonged, NAVMEF-F shall be prepared and forwarded to the headquarters of the naval district within which the hospital is located. The headquarters shall take up the case by FT (FROM TRANSFER) and continue it until disposition is made. NAVMEF-F's and NAVMEF-Fa's shall be prepared by the ship or station to which attached for patients admitted to hospitals other than those of the Navy, Army, and Public Health Service. A transaction on the sick list, or closing out and preparation of NAVMEF-F's, occurs only when the responsibility for the patient and custody of his Health Record changes from one naval activity to another, or from a naval activity to an activity where naval Medical Department personnel are assigned as part of the staff and keep naval records.

237.16. TRANSFERS TO FOREIGN HOSPITALS.—When a patient is transferred to a foreign hospital and the ship leaves port, NAVMEF-Fa covering the period up to the date of transfer of the patient's records from the custody of the ship shall be prepared and forwarded to the Bureau. If the patient's records are transferred to another naval vessel, disposition shall be by T (TRANSFERRED) to that vessel. In the absence of another naval vessel, disposition shall be by T (TRANSFERRED) to the custody of the nearest American consular officer. In the latter case, the next naval activity receiving the patient's records shall forward NAVMEF-Fa covering the remainder of the period on the sick list, showing taking up as FT (FROM TRANSFER) as of the date of transfer to the custody of the American consular officer and with disposition as indicated.

237.17. CONVALESCENT LEAVE.—When personnel on the sick list are granted convalescent leave, the diagnosis shall be changed by C (DIAGNOSIS CHANGED) to No DISEASE (Convalescent Leave) (2143),

## SECTION I. STATISTICAL REPORTING—INSTRUCTIONS

taken up as AD (ADDITIONAL DIAGNOSIS) under this same diagnosis of NO DISEASE, and T (TRANSFERRED) to "Convalescent Leave." The hospital to which the patient returns from leave shall take him up as FT (FROM TRANSFER) with NO DISEASE (Convalescent Leave) (2143). If no additional treatment is necessary for the original diagnosis the patient shall be disposed of to D (DUTY) without further change.

## 238

**Diagnosis Undetermined.**—238.1. When the title DIAGNOSIS UNDETERMINED is used, the suspected disability shall be entered in parentheses immediately following. Examples: DIAGNOSIS UNDETERMINED (Appendicitis, Acute) (2122); DIAGNOSIS UNDETERMINED (Fracture, Skull) (2518); DIAGNOSIS UNDETERMINED (Lead Poisoning) (2600). When the nature of the disability is determined, the case shall be changed from DIAGNOSIS UNDETERMINED by disposition C (DIAGNOSIS CHANGED), taken up on a new NAVMED-F as EC (DIAGNOSIS ESTABLISHED OR CORRECTED), under the established diagnosis. (See par. 2316.3.)

238.2. **PROPER USAGE OF DIAGNOSIS UNDETERMINED.**—(a) The title DIAGNOSIS UNDETERMINED may be used for admission to the sick list and for transfer of patients when circumstances do not warrant an immediate diagnosis.

(b) A diagnosis may be changed to DIAGNOSIS UNDETERMINED when a patient is already on the sick list and an undetermined disability arises. This prevents the sick days, incurred in establishing the nature of a new disability, being charged improperly to the disability for which the patient is already on the sick list.

(c) Only in the following events may a patient be disposed of under the title DIAGNOSIS UNDETERMINED: T (TRANSFERRED); C (DIAGNOSIS CHANGED); RAN (DESERTED); or "—" (CONTINUED TO NEXT YEAR).

238.3. **IMPROPER USAGE OF DIAGNOSIS UNDETERMINED.**—Under no circumstances shall a case of DIAGNOSIS UNDETERMINED be disposed of as D (DUTY), DD (DIED), IS (INVALIDED FROM SERVICE), or T (TRANSFERRED) (Sick Leave).

## 239

**Disabilities Existing Prior to Entry into the Naval Service.**—All disabilities which are considered to have existed prior to entry (EPTE) into the naval service shall be taken up as A (NEW ADMISSION), and line 6 of the NAVMED-F shall be completed as directed in paragraph 236.3. When these prior conditions are followed by complications, or other dependent disabilities, occurring after entry into the service, the latter are considered to have developed since entry and are taken up in the usual manner (par. 232). If there has been no previous taking up for the primary disability and it is no longer present with the complication, the complication shall be taken up as A (NEW ADMISSION).

## 2310

**Disabilities Arising While in Desertion Status.**—All disabilities which are considered to have arisen while in desertion status shall be

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

taken up as A (NEW ADMISSION), and a note "Incurred while in desertion status," entered on line 12 of the NAVMED-F. Complications or other dependent disabilities shall be handled in the usual manner. For patients deserting while on the sick list, or returning from such desertion, see paragraph 235.5.

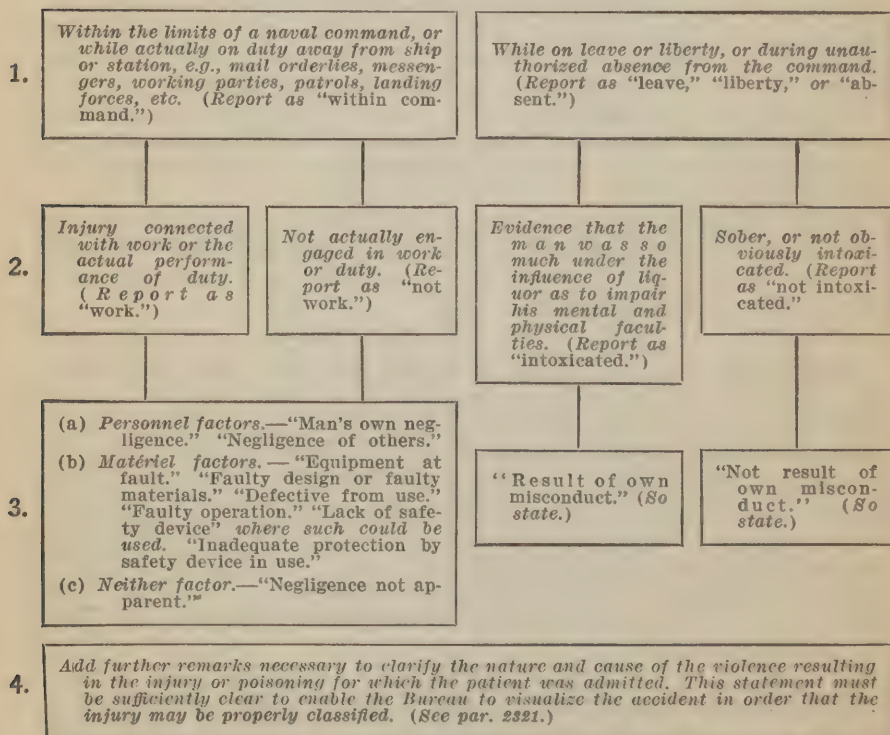
## 2311

**Injuries and Poisonings—Methods of Reporting.—2311.1. GENERAL INSTRUCTIONS.**—Data for injuries and poisonings in the form given in paragraph 2311.3 shall be entered on line 12 of NAVMED-F's and following the diagnosis in the Health Record, as follows: (a) For all cases taken up as A (NEW ADMISSION), (b) for each case taken up as FT (FROM TRANSFER), and (c) for each taking up as RA (READMITTED).

2311.2. **ADDITIONAL INJURIES FROM THE SAME ACCIDENT.**—For the method of taking up under additional injury titles resulting from the same violence, see paragraph 233.6 (c).

2311.3. **CIRCUMSTANCES OF OCCURRENCE.**—(a) *Illustrative Chart.*—The exact words to be used are given in quotations. Explanatory remarks are in italics. Lines shall be numbered as shown.

CIRCUMSTANCES OF OCCURRENCE



## SECTION I. STATISTICAL REPORTING—INSTRUCTIONS

(b) *Examples.*—

- (1) Injury on board ship while working on emery wheel.—  
 Line 4 of NAVMED-F: AMPUTATION, TRAUMATIC, Right Thumb (2572) ; key letter—H.  
 Line 12 of NAVMED-F :  
 1. Within command.  
 2. Work.  
 3. Lack of safety device.  
 4. Hand slipped while working on emery wheel. No safety device.
- (2) Injury ashore on liberty while driving an automobile.—  
 Line 4 of NAVMED-F: FRACTURE, SIMPLE, Right Radius and Ulna (2531) ; key letter—O.  
 Line 12 of NAVMED-F :  
 1. Liberty.  
 2. Intoxicated.  
 3. Result of own misconduct.  
 4. While driving automobile skidded and overturned due to reckless driving.
- (3) Injury to mail orderly ashore in street-railway accident.—  
 Line 4 of NAVMED-F: WOUND, INCISED, Head and Face (2562) ; key letter—O.  
 Line 12 of NAVMED-F :  
 1. Within command.  
 2. Work.  
 3. Negligence of others.  
 4. Due to broken glass in streetcar collision. Mail orderly on duty.

## 2312

**Designation of Aviation Personnel.**—The aviation status as it existed at the time of admission to the sick list, regardless of the nature of the disability, shall be reported on line 3, NAVMED-F's, according to the following definitive abbreviations:

- NAF .....Commissioned aviators (including warrant officers) with flight orders.  
 NAG .....Commissioned aviators (including warrant officers) without flight orders.  
 NAF F .....Enlisted "pilots" with flight orders.  
 NAF G .....Enlisted "pilots" without flight orders.  
 AF .....Enlisted aviation personnel, "not pilot" but with flight orders.  
 AG .....Enlisted aviation personnel, no flight orders.  
 AOF .....Nonflying commissioned officers (including warrant officers) (not aviators), ordered to duty involving flying, who have flight orders, such as naval observers, navigators, bombardiers, flight surgeons, aviation medical examiners, and other commissioned officers (including warrant officers).  
 AOG .....Nonflying commissioned officers (including warrant officers) (not aviators) without flight orders.

## 2313

**Key Letters.**—2313.1. (a) Key letters are used as short expressions of the nature of violence. They will be used in cases of poisoning only when the origin is suicidal, homicidal, or casualty due to poisoning in action against an organized enemy. All war casualties shall be reported under the key letter K.

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

(b) The classification of key letters is as follows:

- A—Suicide and suicidal attempt.
- B—Homicide and homicidal attempt. To include justifiable, excusable, or felonious homicide; murder; and manslaughter. Report war casualties under key letter K.
- C—Conflagration. To include all traumatism resulting from general conflagration. Explosions as a result of general conflagration are classed hereunder. Report war casualties under key letter K.
- D—Drowning, accidental, not otherwise classifiable. Report war casualties under key letter K.
- E—Traumatism by firearms, accidental, *when fired only*. To include all injuries and burns caused by the projectile, shrapnel, the blast from great guns, explosion of a great gun, machine gun, rifle, pistol, and shotgun, or traumatism from any of these agents during firing. Exclude injuries noted under key letter I. Report war casualties under key letter K.
- F—Traumatism by cutting and piercing instruments. To include all accidental traumatism by cutting and piercing instruments and glass. Exclude injuries noted under key letters H, I, and O. Report war casualties under key letter K.
- G—Traumatism by fall. To include all traumatism due to falls of persons except those classified elsewhere. Not to include traumatism by falling objects. Report war casualties under key letter K.
- H—Traumatism by machines. To include all traumatism and burns resulting from the handling and operation of machinery, elevators, traveling cranes, engines, and boilers other than railways. Report war casualties under key letter K.
- I—Traumatism by aircraft. To include all traumatism, burns, and falls caused by aircraft (both heavier-than-air and lighter-than-air). Report war casualties under key letter K.
- J—Traumatism, burns, sunburns, and falls due to athletics and recreative sports.
- K—War casualties. All casualties incurred *during or as a result of action* against an organized enemy.
- L—Burns (conflagration excepted). To include all burns and scalds by boiling liquids and steam, corrosive acids and substances, fire, gasoline, kerosene, petroleum, sunburn, and the effects of radium and X-ray. Include also burns and scalds as a result of explosion not classified elsewhere. Exclude friction burns which should be reported elsewhere as indicated, and sunburn due to athletics and recreative sports. Report war casualties under key letter K.
- M—Traumatism due to violence other than herein defined. Report war casualties under key letter K.
- N—Traumatism due to violence by assault without deadly weapon, fighting, maintaining order, resisting arrest, and skylarking. Key letter B will be used if injury results in death.
- O—Traumatism by railroads, railways, vehicles, etc. To include all traumatism, burns, and falls caused by railroads (electric and steam), electric railways, vehicles (automobile, motorcycle, motortruck, tractor, bicycle, carriage, and wagon). Report war casualties under key letter K.

2313.2. The above key letters are to be used, for example, as follows: WOUND, GUNSHOT, Head (2576), key letter A showing that it was inflicted with suicidal intent, B that it was homicidal, or K that it was received in action against an organized enemy; DROWNING (2521), use key letter D, unless due to destruction of a ship by fire—C; incident to action—K; the result of aviation—I; the result of accidental fall overboard—G; suicidal—A; or homicidal—B.

## SECTION II. DIAGNOSTIC NOMENCLATURE—INSTRUCTIONS

## 2314

**Specialty Letters.**—2314.1. Specialty letters are used to identify certain classes of naval hazards and peculiar duties surrounding aeronautic, submarine, and diving duty. For this purpose the following specialty letters shall be used:

(a) *R.*—*Aeronautic duty* for disabilities incident to actual flying. An aircraft accident is defined by the National Advisory Committee for Aeronautics as follows:

An aircraft accident is an occurrence which takes place while an aircraft is being operated as such and as a result of which a person or persons are injured or killed or the aircraft receives appreciable or marked damage through the forces of external contact or through fire.

For the purpose of analysis, an aircraft is considered as “being operated as such” from the time the pilot or passengers board the aircraft with the intention of flight, until such time as the pilot and passengers disembark from the aircraft upon completion of flight (NACA Report No. 576).

(b) *S.*—*Submarine duty* for disabilities incident to maneuvering of, accidents to, or peculiar living conditions aboard submarines at sea.

(c) *U.*—*Diving duty* for disabilities incident to actual diving or other exposure to compressed air in training or research in diving, diving with suit, shallow-water helmet diving, diving bell, experimental or training diving tank, recompression chamber, submarine escape appliance, etc.

2314.2. Specialty letters shall not be used indiscriminately for all persons attached to special duty but only in cases of disability occurring under specialty conditions as defined above. A person assigned to aeronautic, submarine, or diving duty who is disabled when not participating in specialty work, shall not have a specialty letter.

## SECTION II. DIAGNOSTIC NOMENCLATURE—INSTRUCTIONS

	Paragraph
Organization .....	2315
Choice of Titles .....	2316
Venereal Diseases, Class XII .....	2317
Injuries, Class XXV .....	2318
Poisonings, Class XXVI .....	2319
Nomenclature of Surgical Operations .....	2320
Nomenclature of Nature and Cause of Violence .....	2321

## 2315

**Organization.**—2315.1. **GENERAL PLAN.**—The diagnostic nomenclature which follows has been compiled to meet the needs of the United States Navy. Diseases and conditions are grouped in various anatomical, epidemiological, and miscellaneous classes. Injuries and poisonings are listed in separate classes.

2315.2. **DIAGNOSIS NUMBERS AND CLASS NUMBERS.**—The last two digits of a diagnosis number identify it as a title within the class as indicated by the one or two preceding digits. When appearing else-

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

where than in a diagnosis number, classes are indicated by Roman numerals. These Roman numerals are for grouping and for statistical use and should not accompany diagnosis numbers.

2315.3. METHODS OF LISTING TITLES; SIGNIFICANCE OF PRINT STYLES.—Itemized diagnostic titles are given in two parts: First, by classes, Section III; and second, by alphabetical arrangement, Section IV. The listing by classes is for numerical cataloging and for convenience of reference to related titles. In the listing by classes, instructions and explanatory remarks are given with the titles in their numerical positions. Throughout Sections III and IV printing styles are used as follows: **Bold face** or **CAPITALS** AND **SMALL CAPITALS** for wording to be used verbatim; ordinary print for instructions specifically influencing additional wording of the titles; and *italics* for explanatory remarks.

2315.4. WORDING OF TITLES.—Wording not specifically required shall not be included as a part of the diagnostic title.

2316

**Choice of Titles.**—2316.1 **SYMPTOMATIC DIAGNOSES.**—A number of symptomatic diagnoses are necessarily included. Whenever possible the title chosen shall be that of the underlying disability rather than a symptom or secondary manifestation. When, at first, it is necessary to assign a symptomatic diagnosis, that diagnosis shall, if possible later, be changed by reason of error to that of the underlying disability; for example, **SUPPRESSION, URINE (743)**, changed to **ENLARGEMENT, PROSTATE (710)**. In order to accomplish this it is not necessary for the patient to have been continuously on the sick list. If a patient has been discharged from the sick list with a symptomatic diagnosis, the underlying nature of which is ascertained later, he shall again be taken up under the symptomatic diagnosis and the diagnosis changed by reason of *error* to that of the underlying disability, even though no further sick days are involved.

2316.2. **METHOD OF REPORTING DISEASES NOT APPEARING IN THE DIAGNOSTIC NOMENCLATURE.**—For elasticity in the use of the nomenclature, definite clinical entities having generally accepted titles not included in this nomenclature may be reported under the disease class number and **XY**, indicating *Other diseases of this class*. One such title is provided for each class. This title shall not be used for disabilities which can be reported correctly under any other title appearing in the nomenclature.

2316.3. **DIAGNOSIS UNDETERMINED.**—For further elasticity in the use of the nomenclature, the title **DIAGNOSIS UNDETERMINED** is provided under three headings: **Diseases and Conditions (2122)**; **Injuries (2518)**; and **Poisonings (2600)**. For further instructions, see paragraph 238.

2316.4. **MALINGERING (2139).**—This title is to be used when a patient claims to be ill or unduly exaggerates a disability, and the medical officer is of the opinion that there is only a slight or no actual disability. Since **MALINGERING** is a military offense punishable by court-martial, this diagnosis shall be used with utmost caution.

## SECTION II. DIAGNOSTIC NOMENCLATURE—INSTRUCTIONS

2316.5. **NO DISEASE (2143).**—(a) This entry is to be used for individuals who, for any reason, must be carried on the medical department returns for rations, as, for example, suspects, or contacts, etc., who do not claim to be and are not regarded as sick; although undue sick days under this title are to be avoided, it shall be used when applicable. The binnacle list shall not be used as an alternative. This title shall not be used for cases awaiting disciplinary action.

(b) When the title **NO DISEASE** is used, the reason or condition for its use shall be recorded, as for example: **NO DISEASE (Rations)**; **NO DISEASE (Infectious Disease Contact)**; **NO DISEASE (Spinal Puncture)**; **NO DISEASE (Observation)**, etc.

(c) When a person is admitted to the sick list under **NO DISEASE** and is later discovered to have, or have had, a disability of sufficient gravity to have caused his admission to the sick list at that time, the diagnosis shall be changed by reason of error to that of the disability.

(d) When a person is admitted to the sick list under the title of a disability and is later discovered not to have, nor to have had, a disability of sufficient gravity to have caused his admission to the sick list at that time, the diagnosis shall be changed by reason of error to **NO DISEASE (Observation)**. When changing from **DIAGNOSIS UNDETERMINED** to **NO DISEASE (Observation)**, it shall be by reason of *established*.

2316.6. **PRECEDENCE OF TITLES.**—No case shall be carried on the sick list simultaneously with more than one diagnosis. When two or more disabilities exist, the first admission shall be for an infectious disease, the graver disability, or a primary disability rather than a complication. In the case of injuries where the title **INJURIES, MULTIPLE, EXTREME (2542)** does not apply, the graver injury shall be given preference for the first admission. It sometimes happens that swelling obscures a graver injury, for example, a fracture, and the case is taken up as **CONTUSION** or **SPRAIN**. In such a case, when the fracture is discovered, the diagnosis shall be changed by reason of *error* to the fracture.

2316.7. **PROMPT CHANGES TO NEW TITLES.**—When sequelae, complications, or intercurrent disabilities occur in cases already on the sick list, a change of diagnosis shall be made as soon as possible so that each disability may be charged with its proper number of sick days.

2316.8. **SUBSEQUENT DISCOVERY OF ERROR.**—When a patient is discharged from the sick list under any diagnosis which is later discovered to be erroneous, he shall be readmitted with the erroneous diagnosis and his diagnosis changed by reason of *error* to the correct title. This procedure shall be followed even though no further sick days are involved.

## 2317

**Venereal Diseases, Class XII.**—2317.1. **USE OF TITLES.**—Titles other than those found in Class XII shall not be used for active venereal infections. Active gonococcus infections shall be designated by one of the five specific titles listed in the nomenclature, depending on location, or by **GONOCOCCUS INFECTION**. *Otherwise unclassified.*

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

State location. (1216). The title **CHANCROIDAL LYMPHADENITIS** (1202) is provided in addition to **CHANCROID** (1201). The following non-venereal titles, as examples, shall not be used to describe the venereal conditions listed opposite them:

<i>Correct venereal title</i>	<i>Do not report as</i>
GNOCOCCUS INFECTION, URETHRA (1215) ...	URETHRITIS, ACUTE, NONVENEREAL (747)
GNOCOCCUS INFECTION, JOINT (1213) .....	ARTHRITIS, ACUTE (1602)
GNOCOCCUS INFECTION, CONJUNCTIVA (1211)	CONJUNCTIVITIS, PURULENT (613)
CHANCROIDAL LYMPHADENITIS (1202) .....	LYMPHADENITIS (1403), etc.

2317.2. **COMPLICATIONS, SEQUELAE, ETC.**—Certain complications, sequelae, and later manifestations of venereal diseases may require diagnostic titles found outside of Class XII. For example: **GNOCOCCUS INFECTION, URETHRA**, may result in **STRICTURE, URETHRA** (742); **SYPHILIS** may result in **DEMENTIA PARALYTICA** (1504); etc. Most complications of **GNOCOCCUS INFECTION, URETHRA**, remain within Class XII; for example, **GNOCOCCUS INFECTION, EPIDIDYMIS** (1212). Such complications shall be governed by the following instructions:

(a) *When a previous admission has been made for the primary infection*, the complications shall be taken up in the usual manner (see par. 233.3) as an **ACD (ADMITTED CONTRIBUTORY DISABILITY)**.

(b) *When no previous admission has been made for the primary infection but it is still present with the complication*, the primary infection shall be reported as **A (NEW ADMISSION)** (even if it existed prior to entry into the service) and the complication as **ACD (ADMITTED CONTRIBUTORY DISABILITY)**. (See par. 233.3.)

(c) *When no previous admission has been made for the primary infection and it is no longer present* when the complication becomes apparent, the case shall be taken up as **A (NEW ADMISSION)**, under the diagnosis of the complication (even if it existed prior to entry into the service) and the following note, "No previous admission for primary disability ..... (name of primary infection) which is not now present," made in the Health Record and on line 12 of the **NAVMEF-F** (par. 233.3).

2317.3. **ERRONEOUS DIAGNOSIS OF CHANCROID.**—When a person has been admitted under the diagnosis of chancroid and the medical officer later has reason to believe that the lesion was really the primary chancre of syphilis, the case should be handled and the diagnosis changed as directed in paragraph 235.2.

## 2318

**Injuries, Class XXV.**—In view of the preventable nature of injuries (and poisonings), especial attention is given to them. Rules for reporting data are given so that the data can be received, compiled, and analyzed for preventive purposes in the statistical branch of the Bureau. In order to obtain constructive information for prevention, and not as a basis for disciplinary action, the following points are established for cases of injuries (and poisonings):

Nature of injury (or poisoning) as shown by the diagnostic title (e.g., **FRAC-TURE, SIMPLE, Femur**).

Status of person when injured (or poisoned) (within command, liberty, etc.).

## SECTION II. DIAGNOSTIC NOMENCLATURE—INSTRUCTIONS

If within command:

Whether the person was also actually at work.

Whether due to matériel or personnel factors, if either.

If not within command:

Whether the person was intoxicated.

Whether the result of the person's own misconduct.

Nature (e.g., automobile) and cause (e.g., collision and overturning) of the violence as contrasted to the nature of the bodily injury.

## 2319

**Poisonings, Class XXVI.**—The general nature of information to be provided in cases of poisoning is the same as for injuries (par. 2318). Poisonings by, or reactions from, drugs used in therapy shall be reported as POISONING, THERAPEUTIC. State substance used and disability treated (2604 or 2605). Example: POISONING, THERAPEUTIC, ACUTE, Neoparsphenamine, Syphilis (2604). They shall be taken up as ACD (ADMITTED CONTRIBUTORY DISABILITY), for the disability treated, if there has been a previous admission for the latter; if not, see paragraph 233.3. This title shall not include ANAPHYLAXIS (2109), SERUM SICKNESS (2165), or DERMATITIS VENENATA (1916). If the clinical manifestations are sufficiently characteristic and important to warrant a definitive diagnosis, the case shall first be taken up as POISONING, THERAPEUTIC, and the diagnosis then changed to that of the clinical manifestation as an ACD (ADMITTED CONTRIBUTORY DISABILITY) of the poisoning.

## 2320

**Nomenclature of Surgical Operations.**—Following the Nomenclature of Diagnostic Titles is a Nomenclature of Surgical Operations, Section V, which shall be used in reporting operations on NAVMED-P and elsewhere. All surgical operations performed by, or under the auspices of, dental officers shall be reported on NAVMED-K; such operations shall not be listed on NAVMED-P.

## 2321

**Nomenclature of Nature and Cause of Violence.**—Section VI is a classified list of injury and poisoning hazards, referred to for the sake of brevity as causative agents. It is for use as a guide in selecting causative agents and determining wording in reporting conditions and circumstances of occurrence of violence in the Health Record, and on line 12 of NAVMED-F (par. 2311.3). Every case of injury or poisoning is classified in the statistical branch of the Bureau in one of the two classes, Naval and Military Hazards or Industrial and Miscellaneous Hazards. The wording used in the report of circumstances of occurrence shall be sufficiently complete and descriptive to enable the Bureau to identify the precise nature of the violence and the manner in which it occurred.



### SECTION III. TITLES BY DIAGNOSTIC CLASSES

The following lists show the classification of the nomenclature as used by the Bureau to group diseases and injuries for statistical purposes.

The class in which a diagnostic title is listed sometimes furnishes a clue to the selection of a title that will best fit the case.

#### CLASSIFICATION OF DISEASES AND INJURIES, UNITED STATES NAVY

- CLASS I. Diseases of Blood.  
 II. Diseases of Circulatory System.  
 III. Diseases of Digestive System.  
 IV. Diseases of Ductless Glands and Spleen. (Endocrines.)  
 V. Diseases of Ear, Nose, and Throat.  
 VI. Diseases of Eye and Adnexa.  
 VII. Diseases of Genito-urinary System (Nonvenereal).  
 VIII. Communicable Diseases Transmissible by Oral and Nasal Discharges.  
 IX. Communicable Diseases Transmissible by Intestinal Discharges.  
 X. Communicable Diseases Transmissible by Insects and Other Arthropods.  
 XI. Tuberculosis (All Forms).  
 XII. Venereal Diseases.  
 XIII. Other Diseases of the Infectious Type.  
 XIV. Diseases of Lymphatic System.  
 XV. Diseases of Mind.  
 XVI. Diseases of Motor System.  
 XVII. Diseases of Nervous System.  
 XVIII. Diseases of Respiratory System.  
 XIX. Diseases of Skin, Hair, and Nails.  
 XX. Herniæ.  
 XXI. Miscellaneous Diseases and Conditions.  
 XXII. Parasitic Diseases (Fungi and Certain Animal Parasites).  
 XXIII. Tumors.  
 XXIV. Female Diseases and Conditions.  
 XXV. Injuries.  
 XXVI. Poisonings.  
 XXVII. Dental Diseases and Conditions.

#### CLASS I.—Diseases of Blood

Navy diagnosis No.		Navy diagnosis No.	
1xy.	<i>Other diseases of this class. State title.</i>	112.	Granulocytopenia, Malignant.
100.	Anemia, Sickle Cell.	113.	Jaundice, Hemolytic. State whether acquired or familial.
101.	Anemia, Pernicious.	114.	Leukemia, Chronic. State type.
102.	Anemia, Secondary.	115.	Mononucleosis, Infectious. (Glandular fever.)
103.	Anemia, Splenic.		.....
104.	Anemia. <i>Otherwise unclassified.</i>		.....
105.	Chlorosis.		.....
106.	Hemophilia.		.....
107.	Leukemia, Acute. State type.		.....
108.	Polycythemia Vera.		.....
109.	Purpura Hemorrhagica.		.....
110.	Purpura Rheumatica.		.....
111.	Purpura Simplex.		.....

#### CLASS II.—Diseases of Circulatory System

Navy diagnosis No.		Navy diagnosis No.	
2xy.	<i>Other diseases of this class. State title.</i>	201.	Aneurysm, Varicose. State artery.
200.	Aneurysm, Heart.	202.	Aneurysm. <i>Otherwise unclassified.</i> State artery.

## Classes II-III

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURECLASS II.—*Diseases of Circulatory System*—Continued

Navy diag- nosis No.		Navy diag- nosis No.	
203.	Aneurysmal Varix. State artery.	238.	Thrombosis, Cerebral.
204.	Angina Pectoris.	239.	Thrombosis. State vessel.
205.	Angioneurotic Edema.	240.	Trench Foot.
206.	Aortitis.	241.	Valvular Heart Disease, Aortic Insufficiency.
208.	Hypertension, Arterial.	242.	Valvular Heart Disease, Aortic Stenosis.
209.	Arteriosclerosis, Cerebral.	243.	Valvular Heart Disease, Aortic and Mitral.
210.	Arteriosclerosis, General.	244.	Valvular Heart Disease, Mitral Insufficiency.
211.	Bradycardia.	245.	Valvular Heart Disease, Mitral Stenosis.
212.	Cardiac Arrhythmia, Auricular Fibrillation.	246.	Valvular Heart Disease, Pulmonic.
213.	Cardiac Arrhythmia, Auricular Flutter.	247.	Valvular Heart Disease, Tricuspid.
214.	Cardiac Arrhythmia, Premature Contractions.	248.	Pericarditis, Chronic.
215.	Cardiac Arrhythmia, Sinus Arrhy- thmia.	249.	Varicose Veins. State location.
216.	Cardiac Disorder, Functional.	250.	Endocarditis, Acute Ulcerative. ( <i>Malignant.</i> )
217.	Dilatation, Aortic Arch.	251.	Thrombo-angiitis Obliterans. State location.
218.	Dilatation, Cardiac, Acute.	252.	Arteriosclerosis, Local. State artery.
219.	Dilatation, Cardiac, Chronic.	253.	Carditis, Acute.
220.	Heart Disease, Congenital. State type.	254.	Cardiac Arrhythmia, Paroxysmal Tachycardia.
221.	Embolism, Cerebral.	255.	Cardiac Arrhythmia. <i>Otherwise un- classified.</i> State type.
222.	Syncope.	256.	Endocarditis, Subacute Bacterial.
223.	Embolism. <i>Otherwise unclassified.</i> State location. <i>Not to include</i> EMBOLISM, AIR, FROM SUB- MARINE ESCAPE APPLIANCE (2575), or EMBOLISM, AIR (2578).	257.	Endocarditis, Chronic.
224.	Endarteritis. State location.	258.	Hypertensive Heart Disease.
225.	Endocarditis, Acute.	259.	Hypotension, Arterial.
226.	Epistaxis.	260.	Myocarditis, Acute.
227.	Cardiac Arrhythmia, Heart Block.	261.	Ulcer, Varicose. State location.
228.	Hypertrophy, Heart.	262.	Neurocirculatory Asthenia. ( <i>Effort syndrome.</i> )
229.	Mediastinopericarditis.		.....
230.	Myocarditis, Chronic.		.....
231.	Pericarditis, Acute.		.....
232.	Phlebitis. State location.		.....
233.	Pneumopericardium.		.....
234.	Pneumopyopericardium.		.....
235.	Pylephlebitis.		.....
236.	Tachycardia.		.....
237.	Coronary Heart Disease. Arte- riosclerotic. <i>Not to include acute coronary thrombosis.</i>		.....

CLASS III.—*Diseases of Digestive System (Dental Conditions Excluded)*

Navy diag- nosis No.		Navy diag- nosis No.	
3xy.	<i>Other diseases of this class. State title.</i>	309.	Cholangitis, Acute.
300.	Abscess, Periproctical.	310.	Cholecystitis, Acute.
301.	Abscess, Subphrenic.	311.	Chylous Ascites, Nonfilarial.
302.	Achylia Gastrica.	312.	Cirrhosis, Liver, Atrophic.
303.	Aerophagia.	313.	Cirrhosis, Liver, Hypertrophic.
304.	Appendicitis, Acute.	314.	Cirrhosis, Liver. <i>Otherwise un- classified.</i> State variety.
305.	Artificial Anus.	315.	Colitis, Acute.
306.	Atrophy, Liver, Yellow, Acute.	316.	Constipation.
307.	Parotitis. <i>Not to include MUMPS</i> (810).	317.	Dilatation, Stomach, Acute.
308.	Cardiospasm.	318.	Dilatation, Stomach, Chronic.
		319.	Displacement, Liver.

## SECTION III. TITLES BY DIAGNOSTIC CLASSES

CLASS III.—*Diseases of Digestive System (Dental Conditions Excluded)*—Continued

Navy diag- nosis No.	Navy diag- nosis No.
320. Diverticulitis, Intestinal.	350. Peritonitis, Local, Acute.
321. Duodenitis.	351. Peritonitis, Local, Chronic.
322. Enteritis, Acute. <i>Not to include</i> FOOD INFECTION (1330), FOOD INTOXICATION (1331), FOOD POISONING, BACTERIAL (1332), or ALLERGY (2166).	353. Proctalgia.
323. Enterocolitis, Acute. <i>Not to in- clude</i> FOOD INFECTION (1330), FOOD INTOXICATION (1331), FOOD POISONING, BACTERIAL (1332), or ALLERGY (2166).	354. Proctitis.
324. Esophagitis.	355. Prolapse, Rectum.
325. Fissure, Anus.	356. Pyloric Incontinence.
326. Fistula, Biliary.	357. Pylorospasm.
327. Fistula, Fecal.	358. Regurgitation from Stomach.
328. Fistula in Ano.	359. Rumination.
329. Cholelithiasis.	360. Spasm, Esophagus.
330. Gastritis, Acute.	361. Spasm, Rectum.
331. Gastroduodenitis.	362. Splanchnoptosis.
332. Gastro-enteritis, Acute. <i>Not to include</i> FOOD INFECTION (1330), FOOD INTOXICATION (1331), FOOD POISONING, BACTERIAL (1332), or ALLERGY (2166).	363. Sprue.
333. Gastropptosis.	364. Stenosis, Gall Duct.
334. Glossitis.	365. Stenosis, Pylorus.
335. Hematemesis.	366. Stomatitis, Gangrenous.
336. Hemorrhoids.	367. Stomatitis. <i>Otherwise unclassified.</i>
337. Hyperchlorhydria.	368. Stricture, Esophagus.
338. Hypochlorhydria.	369. Stricture, Intestine.
339. Inflammation, Salivary Gland.	370. Stricture, Rectum.
341. Obstruction, Intestinal, from Ex- ternal Causes. ( <i>Angulations, kinks, adhesions, volvulus, intus- susception.</i> )	371. Ulcer, Duodenum.
342. Obstruction, Intestinal, from In- ternal Causes. ( <i>Stricture, gall- stones, enteroliths, foreign bodies, fecal masses.</i> )	372. Ulcer, Intestine.
343. Obstruction, Intestinal, from Spastic or Paralytic Causes. ( <i>After injuries, operations, per- itonitis.</i> )	373. Ulcer, Mouth.
344. Obstruction, Intestinal. <i>Otherwise unclassified.</i>	374. Ulcer, Rectum.
345. Obstruction, Pancreatic Duct.	375. Ulcer, Stomach.
346. Pancreatitis, Acute.	376. Vomiting.
347. Perihepatitis.	377. Xerostomia.
348. Peritonitis, General, Acute.	378. Appendicitis, Chronic.
349. Peritonitis, General, Chronic.	379. Cholangitis, Chronic.
	380. Cholecystitis, Chronic.
	381. Colitis, Chronic.
	382. Colitis, Ulcerative.
	383. Diverticulosis, Intestinal.
	384. Enteritis, Chronic.
	385. Enterocolitis, Chronic.
	386. Gastritis, Chronic.
	387. Gastro-enteritis, Chronic.
	388. Hepatitis, Acute.
	389. Hepatitis, Chronic.
	390. Irritable Colon.
	391. Pancreatitis, Chronic.
	392. Ulcer, Duodenum, Perforated.
	393. Ulcer, Stomach, Perforated.
	394. Diarrhea, Chronic, Cause Un- known.
	395. Obstruction, Biliary.
	396. Adhesions, Abdominal.
	.....
	.....
	.....

CLASS IV.—*Diseases of Ductless Glands and Spleen (Endocrines)*

Navy diag- nosis No.	Navy diag- nosis No.
4xy. <i>Other diseases of this class. State title.</i>	404. Diabetes Mellitus.
400. Acromegalia.	405. Dyspituitarism.
401. Addison's Disease.	406. Endocrinopathy. <i>Otherwise unclas- sified. State variety.</i>
402. Adrenailitis.	407. Goiter, Simple.
403. Gigantism.	408. Goiter, Exophthalmic.

## Classes IV-VI

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURECLASS IV.—*Diseases of Ductless Glands and Spleen (Endocrines)*—Continued

Navy diag- nosis No.		Navy diag- nosis No.	
409.	Hyperthyroidism. <i>Not to include</i> GOITER, EXOPHTHALMIC (408).	420.	Hyperparathyroidism.
410.	Hypothyroidism.	421.	Hypoparathyroidism.
411.	Myxedema.	422.	Hypopituitarism.
412.	Perisplenitis.		.....
413.	Persistent Thymus Gland.		.....
414.	Splenitis.		.....
415.	Splenoptosis.		.....
416.	Thyroiditis, Acute.		.....
417.	Dysinsulinism.		.....
418.	Thyroiditis, Chronic.		.....
419.	Goiter, Adenomatous.		.....

CLASS V.—*Diseases of Ear, Nose, and Throat*

Navy diag- nosis No.		Navy diag- nosis No.	
5xy.	<i>Other diseases of this class. State title.</i>	525.	Perforated Nasal Septum.
500.	Abscess, Peritonsillar.	526.	Pharyngitis, Chronic.
501.	Abscess, Retropharyngeal.	527.	Polypus, Nasal.
502.	Adenoids.	528.	Mastoiditis, Chronic.
503.	Angina, Ludwig's.	529.	Rhinitis, Atrophic.
504.	Ankylosis, Ossicles.	530.	Rhinitis, Hypertrophic.
505.	Cerumen Accumulation.	531.	Rhinolith.
506.	Deafness, Bilateral. <i>Not to include</i> DEAFNESS DUE TO HEAVY FIR- ING (2515), or DEAFNESS, DIVE BOMBING (2588).	532.	Rhinoscleroma.
507.	Deafness, Unilateral. <i>Not to in- clude</i> DEAFNESS DUE TO HEAVY FIRING (2515), or DEAFNESS, DIVE BOMBING (2588).	533.	Salpingitis, Eustachian, Acute.
508.	Deviation, Nasal Septum.	534.	Sinusitis, Ethmoidal.
509.	Edema, Glottis.	535.	Sinusitis, Frontal.
510.	Elongation, Uvula.	536.	Sinusitis, Maxillary.
511.	Epiglottitis.	537.	Sinusitis, Sphenoidal.
512.	Laryngitis, Chronic.	538.	Spur, Nasal Septum.
513.	Mastoiditis, Acute.	539.	Stricture, Pharynx.
514.	Mutism.	540.	Tonsillitis, Chronic.
515.	Myringitis, Acute.	541.	Ulcer, Nasal Passage.
518.	Otitis Externa.	542.	Myringitis, Chronic.
519.	Otitis Interna.	543.	Otitis Media, Chronic. <i>Not to in- clude</i> AERO-OTITIS MEDIA (546).
520.	Otitis Media, Acute. <i>Not to in- clude</i> AERO-OTITIS MEDIA (546).	544.	Salpingitis, Eustachian, Chronic.
521.	Otosclerosis.	545.	Labyrinthitis.
522.	Ozena.	546.	Aero-otitis Media.
523.	Pansinusitis.		.....
524.	Paralysis, Vocal Cords.		.....

CLASS VI.—*Diseases of Eye and Adnexa*

Navy diag- nosis No.		Navy diag- nosis No.	
6xy.	<i>Other diseases of this class. State title.</i>	606.	Cataract. <i>Not to include. CAT- ARACT, TRAUMATIC</i> (2530).
600.	Amblyopia.	607.	Chalazion.
601.	Ankyloblepharon.	608.	Choroiditis.
602.	Astigmatism, Compound Hyper- opic.	609.	Color Blindness.
603.	Blepharitis.	610.	Conjunctivitis, Catarrhal.
604.	Blindness, Bilateral.	611.	Conjunctivitis, Follicular.
605.	Blindness, Unilateral.	612.	Conjunctivitis, Phlyctenular.
		613.	Conjunctivitis, Purulent.



## Classes VII-IX

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURECLASS VII.—*Diseases of Genito-urinary System, Nonvenereal*—Continued

Navy diag- nosis No.		Navy diag- nosis No.	
731.	Pyelitis, Acute.	750.	Cryptorchidism.
732.	Pyelonephritis.	751.	Cystitis, Chronic, Nonvenereal.
733.	Redundant Prepuce.	752.	Epididymitis, Chronic, Non- venereal.
734.	Redundant Scrotum.	753.	Nephritis, Chronic.
735.	Sclerosis, Corpus Cavernosum.	754.	Orchitis, Chronic, Nonvenereal.
736.	Seminal Emissions.	755.	Prostatitis, Chronic, Nonvenereal.
737.	Seminal Vesiculitis, Acute, Non- venereal.	756.	Pyelitis, Chronic.
738.	Spermatocele.	757.	Seminal Vesiculitis, Chronic, Non- venereal.
739.	Spermatorrhea.	758.	Varicocele.
740.	Sterility.	759.	Pyonephrosis.
741.	Stricture, Ureter.	760.	Nephrosis.
742.	Stricture, Urethra.	761.	Hypospadias.
743.	Suppression, Urine.	762.	Ureterocele.
744.	Ulcer, Bladder.		.....
745.	Ureteral Colic.		.....
746.	Ureteritis.		.....
747.	Urethritis, Acute, Nonvenereal.		.....
748.	Urethritis, Chronic, Nonvenereal.		.....
749.	Calculus. <i>Urinary system. State location.</i>		.....

CLASS VIII.—*Communicable Diseases Transmissible by Oral and Nasal Discharges*(A) DISEASES CLASSED AS COMMUNICABLE IN STANDARD  
HEALTH DEPARTMENT PRACTICE

Navy diag- nosis No.		Navy diag- nosis No.	
8xy.	<i>Other diseases of this class. State title.</i>	811.	Pneumonia, Broncho-.
802.	Cerebrospinal Fever, Meningo- coccic.	812.	Pneumonia, Lobar.
803.	Chickenpox.	813.	Poliomyelitis, Anterior, Acute.
804.	Diphtheria.	814.	Scarlet Fever.
805.	Diphtheritic Paralysis.	815.	Smallpox.
806.	German Measles.	816.	Whooping Cough.
807.	Glanders.	819.	Encephalitis, Lethargic.
808.	Influenza. <i>Not to include influ- enzal pneumonia.</i>	820.	Septic Sore Throat.
809.	Measles.	825.	Pneumonia, Primary, Atypical, Etiology Unknown.
810.	Mumps.		.....
			.....

## (B) COMMON INFECTIOUS DISEASES OF THE RESPIRATORY TYPE

Navy diag- nosis No.		Navy diag- nosis No.	
800.	Angina, Vincent's.	823.	Rhinitis, Acute.
801.	Catarrhal Fever, Acute.	824.	Tracheitis, Acute.
817.	Bronchitis, Acute.	825.	Tracheobronchitis, Acute.
818.	Tonsillitis, Acute.		.....
821.	Laryngitis, Acute.		.....
822.	Pharyngitis, Acute.		.....

CLASS IX.—*Communicable Diseases Transmissible by Intestinal Discharges*

Navy diag- nosis No.		Navy diag- nosis No.	
9xy.	<i>Other diseases of this class. State title.</i>	904.	Typhoid Fever.
900.	Cholera.		.....
901.	Dysentery, Bacillary.		.....
902.	Dysentery, Balantidic.		.....
903.	Paratyphoid Fever. <i>State type if known.</i>		.....
			.....

## SECTION III. TITLES BY DIAGNOSTIC CLASSES

## CLASS X.—Communicable Diseases Transmissible by Insects and Other Arthropods

Navy diag- nosis No.		Navy diag- nosis No.	
10xy.	<i>Other diseases of this class. State title.</i>	1020.	Loiasis. ( <i>Calabar swellings.</i> )
1000.	Blackwater Fever.	1030.	Malaria, Benign Tertian.
1001.	Dengue.	1031.	Malaria, Malignant Tertian.
1002.	Filariasis.	1032.	Malaria, Quartan.
1003.	Leishmaniasis. State type. ( <i>Kala-azar, oriental sore, and es-pundia.</i> )	1033.	Malaria, Mixed.
1005.	Sandfly Fever. State type.	1034.	Malaria, Unspecified. If induced, see 1017.
1006.	Plague. State whether bubonic, pneumonic, or septicemic.	1035.	Typhus, Endemic. ( <i>Flea-borne</i> ) ( <i>Murine</i> ).
1007.	Relapsing Fever.	1036.	Typhus, Epidemic. ( <i>Louse-borne</i> ) ( <i>Classical</i> ).
1008.	Rocky Mountain Spotted Fever. ( <i>Tick-borne.</i> )	1037.	Typhus, Scrub. ( <i>Mite-borne</i> ) ( <i>Tsutsugamushi disease.</i> )
1009.	Trench Fever.	1038.	Rickettsial Diseases, Miscella-neous. (" <i>Q</i> " fever, <i>boutonneuse</i> fever, <i>São Paulo typhus</i> , <i>South African tick-bite fever</i> , and other rickettsial diseases.)
1010.	Trypanosomiasis. State type. ( <i>African and American (Chagas' disease).</i> )		.....
1011.	Tularemia.		.....
1013.	Yellow Fever.		.....
1014.	Bartonellosis. <i>To include Oroya fever and verruca peruana.</i>		.....
1015.	Dracontiasis.		.....
1016.	Onchocerciasis.		.....
1017.	Malaria, Induced. State type.		.....

## CLASS XI.—Tuberculosis, All Forms

Navy diag- nosis No.		Navy diag- nosis No.	
11xy.	<i>Other diseases of this class. State title.</i>	1135.	Tuberculosis, Pulmonary, Reinfection, Arrested, Far-advanced.
1101.	Tuberculosis, Pulmonary, Primary, Active.	1146.	Tuberculosis. <i>Otherwise unclassified. Tuberculosis pneumonia, acute miliary tuberculosis, tracheobronchial tuberculosis, tuberculosis pleuritis, and extrapulmonary tuberculosis. State location.</i>
1112.	Tuberculosis, Pulmonary, Primary, Apparently Healed.		.....
1123.	Tuberculosis, Pulmonary, Reinfection, Active, Minimal.		.....
1124.	Tuberculosis, Pulmonary, Reinfection, Active, Moderately Advanced.		.....
1125.	Tuberculosis, Pulmonary, Reinfection, Active, Far-advanced.		.....
1133.	Tuberculosis, Pulmonary, Reinfection, Arrested, Minimal.		.....
1134.	Tuberculosis, Pulmonary, Reinfection, Arrested, Moderately Advanced.		.....

## CLASS XII.—Venereal Diseases

Navy diag- nosis No.		Navy diag- nosis No.	
12xy.	<i>Other diseases of this class. State title.</i>	1215.	Gonococcus Infection, Urethra.
1201.	Chancroid.	1216.	Gonococcus Infection. <i>Otherwise unclassified. State location.</i>
1202.	Chancroidal Lymphadenitis.	1221.	Syphilis, Early.
1211.	Gonococcus Infection, Conjunctiva.	1222.	Syphilis, Latent. <i>To include "seropositive only."</i>
1212.	Gonococcus Infection, Epididymis.	1223.	Tabes Dorsalis without Psychosis.
1213.	Gonococcus Infection, Joint.	1224.	Neurosyphilis, Serological.
1214.	Gonococcus Infection, Prostate.		

## Classes XII-XV

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURECLASS XII.—*Venereal Diseases*—Continued

Navy diag- nosis No.	Navy diag- nosis No.
1225. Cerebrospinal Syphilis, Undifferentiated. <i>With symptoms and/or signs, but not differentiated as to type. Not to include DEMENTIA PARALYTICA (1504).</i>	1231. Lymphogranuloma Venereum.
1226. Syphilis. <i>Otherwise unclassified.</i>	1241. Granuloma Inguinale, Venereal.
	.....
	.....
	.....

CLASS XIII.—*Other Diseases of the Infectious Type*

Navy diag- nosis No.	Navy diag- nosis No.
13xy. <i>Other diseases of this class. State title.</i>	1320. Rabies.
1300. Abscess. <i>Otherwise unclassified. State location.</i>	1321. Rat-bite Fever.
1301. Gas Bacillus Infection. <i>State location.</i>	1322. Rheumatic Fever.
1302. Anthrax.	1323. Septicemia. <i>State organism if known.</i>
1303. Food Intoxication, Botulism.	1324. Tetanus.
1304. Carbuncle. <i>State location.</i>	1325. Toxemia Bacterial.
1305. Cellulitis. <i>State location.</i>	1326. Undulant Fever.
1306. Dysentery. <i>Otherwise unclassified.</i>	1327. Vaccinia.
1307. Psittacosis.	1328. Jaundice, Acute Infectious. <i>Epidemic type other than Weil's disease.</i>
1308. Erysipelas.	1329. Yaws. ( <i>Frambesia</i> .)
1309. Fever, Cause Undetermined.	1330. Food Infection. <i>State organism (if known) and food.</i>
1310. Focal Infection. <i>State location.</i>	1331. Food Intoxication. <i>Otherwise unclassified. State organism (if known) and food.</i>
1311. Foot-and-mouth Disease.	1332. Food Poisoning, Bacterial. <i>State food.</i>
1312. Furuncle. <i>State location. The word "multiple" may be used for numerous locations.</i>	.....
1313. Mediastinitis.	.....
1314. Gangrene, Infective. <i>State location.</i>	.....
1315. Histoplasmosis.	.....
1316. Jaundice, Epidemic, Weil's Disease.	.....
1317. Leprosy.	.....
1318. Miliary Fever.	.....
1319. Pyema. <i>State organism if known.</i>	.....

CLASS XIV.—*Diseases of Lymphatic System*

Navy diag- nosis No.	Navy diag- nosis No.
14xy. <i>Other diseases of this class. State title.</i>	1406. Status Lymphaticus.
1400. Bubo, Inguinal, Nonvenereal.	1407. Abscess, Lymph Gland. <i>State location.</i>
1401. Elephantiasis, Nonfilarial.	.....
1402. Hodgkin's Disease.	.....
1403. Lymphadenitis. <i>State location. Not to include BUBO, INGUINAL, NONVENEREAL. (1400).</i>	.....
1404. Lymphangiectasis. <i>State location.</i>	.....
1405. Lymphangitis. <i>State location.</i>	.....

CLASS XV.—*Diseases of Mind*

Navy diag- nosis No.	Navy diag- nosis No.
15xy. <i>Other diseases of this class. State title.</i>	1502. Psychosis with Meningovascular Syphilis.
1501. Psychosis with Infectious Disease. <i>State disease.</i>	1503. Psychosis with Tabes Dorsalis.
	1504. Dementia Paralytica. ( <i>Paresis</i> .)

## SECTION III. TITLES BY DIAGNOSTIC CLASSES

CLASS XV.—*Diseases of Mind*—Continued

Navy diag- nosis No.	Navy diag- nosis No.
1511. Psychosis, Alcoholic.	1543. Psychoneurosis, Obsessive-compulsive.
1512. Psychosis, Drug. State drug.	1544. Psychoneurosis, Neurasthenia.
1513. Psychosis. <i>Other exogenous toxins.</i> State toxin.	1545. Psychoneurosis. <i>Otherwise unclassified.</i>
1514. Psychosis, Epileptic.	1561. Personality Disorder.
1515. Psychosis, Traumatic.	1562. Schizoid Personality.
1516. Psychosis with Organic Brain Disease.	1563. Constitutional Psychopathic Inferiority.
1517. Psychosis, Senile.	1564. Pathologic Sexuality.
1518. Psychosis with Other Somatic Disease. State disease.	1571. Speech Disorder.
1521. Psychosis, Manic-depressive.	1572. Alcoholism, Chronic.
1522. Schizophrenia. ( <i>Dementia praecox.</i> )	1573. Enuresis. ( <i>Bed-wetting.</i> ) <i>Not to include PSYCHOSIS, ALCOHOLIC (1511).</i>
1523. Paranoia.	1574. Somnambulism.
1524. Paranoid State.	1581. Mental Deficiency.
1525. Psychosis with Psychopathic Inferiority.	.....
1526. Psychosis with Mental Deficiency.	.....
1527. Psychosis. <i>Otherwise unclassified.</i>	.....
1531. Reactive Depression.	.....
1541. Psychoneurosis, Anxiety.	.....
1542. Psychoneurosis, Hysteria.	.....

CLASS XVI.—*Diseases of Motor System*

Navy diag- nosis No.	Navy diag- nosis No.
16xy. <i>Other diseases of this class.</i> State title.	1628. Loss of Substance of Bone (or Cartilage). State location.
1600. Spur, Bone. State bone or joint.	1629. Mallet finger.
1601. Ankylosis. State joint.	1630. Metatarsalgia.
1602. Arthritis, Acute. State joint.	1631. Myositis, Acute. State location.
1603. Arthritis Deformans. State joint.	1632. Myositis, Progressive Ossifying.
1604. Bursitis, Acute. State location.	1633. Myositis, Traumatic, Ossifying. State location.
1605. Calcification of Cartilage.	1634. Myotonia Congenita.
1606. Chondritis. State location.	1635. Osgood-Schlatter Disease.
1607. Chondromalacia.	1636. Osteitis Deformans. ( <i>Paget's disease.</i> )
1608. Contracture. State location.	1637. Osteo-arthropathy, Hypertrophic.
1609. Coxa Valga.	1638. Osteomalacia.
1610. Coxa Vara.	1639. Osteomyelitis. State location.
1611. Cramp, Muscle. State muscle.	1640. Paralysis, Muscle, Ischemic. State muscle.
1612. Curvature, Spine.	1641. Perichondritis. State location.
1613. Exuberant Callus.	1642. Periostitis, Acute. State bone. <i>Not to include PERIOSTITIS, TRAUMATIC (2546).</i>
1614. Flat Foot.	1643. Rheumatism, Muscular.
1615. Joint, Internal Derangement of. State Joint.	1644. Spondylitis.
1616. Fragilitas Ossium.	1645. Synovitis, Acute. <i>Nonsuppurative.</i> State articulation. <i>Not to include SYNOVITIS, TRAUMATIC (2557).</i>
1617. Ganglion, Tendon Sheath. State location.	1646. Talipes. ( <i>Clubfoot.</i> )
1618. Genu Recurvatum.	1647. Tenosynovitis, Acute. State location.
1619. Genu Valgum.	1648. Trigger Finger.
1620. Genu Varum.	1649. Tenosynovitis, Chronic. State location.
1621. Hallux Valgus.	1650. Pes Cavus.
1622. Hallux Varus.	
1623. Hammertoe.	
1624. Hernia, muscle, fascia, tendon, or sheath. State location.	
1625. Hypertrophy, Bone. State location.	
1626. Leontiasis Ossea.	
1627. Loose Body in Joint. State joint.	

CLASS XVI.—*Diseases of Motor System*—Continued

Navy diag- nosis No.		Navy diag- nosis No.	
1651.	Arthritis, Chronic. State joint.	1659.	Synovitis, Chronic. <i>Nonsuppurative</i> . State articulation. <i>Not to include</i> SYNOVITIS, TRAUMATIC (2557).
1652.	Bursitis, Chronic. State location.	1660.	Synovitis, Suppurative. State articulation. <i>Not to include</i> SYNOVITIS, TRAUMATIC (2557).
1653.	Epiphysitis. State location.	1661.	Digitus Varus.
1654.	Myositis, Chronic. State location.	1663.	Abscess, Joint. State joint.
1655.	Osteitis Fibrosa Cystica.		.....
1656.	Osteochondritis Deformans. ( <i>Perthes' or Legg's disease.</i> )		.....
1657.	Osteochondritis Dissecans.		
1658.	Periostitis, Chronic. State bone. <i>Not to include</i> PERIOSTITIS, TRAUMATIC (2546).		

CLASS XVII.—*Diseases of Nervous System*

Navy diag- nosis No.		Navy diag- nosis No.	
17xy.	<i>Other diseases of this class. State title.</i>	1732.	Meningitis, Cerebral.
1700.	Abscess, Brain.	1733.	Meningitis, Cerebrospinal, Acute. <i>Not to include</i> CEREBROSPINAL FEVER, MENINGOCOCCIC (802).
1701.	Anosmia.	1734.	Meningitis, Cerebrospinal, Chronic.
1702.	Aphasia.	1735.	Migraine.
1703.	Aphonia.	1736.	Myasthenia Gravis.
1704.	Ataxia, Hereditary. ( <i>Friedreich's disease.</i> )	1737.	Myelitis, Disseminated.
1705.	Athetosis.	1738.	Myelitis, Transverse.
1706.	Sclerosis, Combined.	1739.	Neuralgia.
1707.	Catalepsy.	1740.	Narcolepsy.
1708.	Chorea.	1741.	Neuritis, Multiple.
1709.	Chorea, Progressive, Chronic. ( <i>Huntington's.</i> )	1742.	Neuritis. State nerve.
1710.	Dystrophy, Progressive Muscular.	1746.	Pachymeningitis, Cerebral.
1713.	Encephalitis, Acute.	1747.	Pachymeningitis, Spinal.
1714.	Epilepsy. <i>Not to include</i> PSYCHOSIS, EPILEPTIC (1514).	1748.	Paralysis Agitans.
1715.	Epilepsy, Jacksonian.	1749.	Paralysis, Ascending, Acute.
1716.	Hematomyelia.	1750.	Paralysis, Brown-Sequard's.
1717.	Hematorachis.	1751.	Paralysis. <i>Otherwise unclassified.</i> State nerve.
1718.	Hemiplegia, Old.	1752.	Paramyoclonus Multiplex.
1719.	Hemorrhage, Cerebellum.	1753.	Paraplegia, Ataxic.
1720.	Hemorrhage, Cerebral.	1754.	Raynaud's Disease.
1721.	Hemorrhage, Epidural.	1755.	Sclerosis, Disseminated.
1722.	Hemorrhage, Medulla.	1756.	Sclerosis, Lateral.
1723.	Hemorrhage, Pons.	1757.	Sclerosis, Amyotrophic Lateral.
1724.	Hemorrhage, Subdural.	1758.	Poliomyelitis, Anterior, Chronic.
1725.	Hernia, Brain.	1763.	Syringomyelia.
1726.	Hiccough.		.....
1727.	Hydrocephalus.		.....
1729.	Encephalitis, Chronic.		.....
1730.	Choriomeningitis, Benign Lymphocytic.		.....
1731.	Meniere's Disease.		.....

CLASS XVIII.—*Diseases of Respiratory System*

Navy diag- nosis No.		Navy diag- nosis No.	
18xy.	<i>Other diseases of this class. State title.</i>	1805.	Congestion, Lung, Acute.
1800.	Ankylosis, Arytenoid Cartilage.	1806.	Edema, Lung.
1801.	Asthma.	1807.	Emphysema, Pulmonary. <i>Not to include</i> EMPHYSEMA, TRAUMATIC (2523).
1802.	Bronchiectasis.	1808.	Gangrene, Lung.
1803.	Bronchitis, Chronic.	1809.	Hay Fever.
1804.	Chylothorax.		

## SECTION III. TITLES BY DIAGNOSTIC CLASSES

CLASS XVIII.—*Diseases of Respiratory System*—Continued

Navy diag- nosis No.	Navy diag- nosis No.
1810. Hemoptysis.	1825. Pneumonitis, Chronic, Non-tuber- culous.
1811. Hemothorax.	1826. Anthracosis.
1812. Hernia, Lung.	1827. Atelectasis.
1813. Pleurisy, Fibrinous, Acute.	1828. Pleurisy, Fibrinous, Chronic.
1814. Pleurisy, Serofibrinous.	1829. Pneumonia, Hypostatic.
1815. Pleurisy, Suppurative.	1830. Pneumonitis, Acute.
1816. Pneumonia, Chronic, Interstitial.	1831. Silicosis.
1817. Pneumoconiosis. <i>Otherwise un- classified.</i>	1832. Tracheobronchitis, Chronic.
1818. Pneumopyothorax.	.....
1819. Pneumothorax.	.....
1820. Stenosis, Bronchus.	.....
1821. Stenosis, Larynx.	.....
1822. Stenosis, Trachea.	.....
1823. Tracheitis, Chronic.	.....
1824. Tracheocele.	.....

CLASS XIX.—*Diseases of Skin, Hair, and Nails*

Navy diag- nosis No.	Navy diag- nosis No.
19xy. <i>Other diseases of this class. State title.</i>	1936. Impetigo. <i>Otherwise unclassified.</i> State variety.
1900. Acne. State variety and location.	1937. Ingrowing Nail.
1901. Albinism.	1938. Intertrigo.
1902. Alopecia.	1939. Keloid. State location.
1903. Alopecia Areata.	1940. Keratoderma.
1904. Anhidrosis.	1941. Keratosis.
1905. Bromidrosis.	1943. Leukoplakia. ( <i>Leukokeratosis.</i> )
1906. Callosity.	1944. Lichen Planus.
1907. Chilblain. ( <i>Pernio.</i> )	1945. Lichen Ruber.
1908. Chloasma.	1946. Lichen. <i>Otherwise unclassified.</i> State variety.
1909. Chromidrosis.	1947. Lupus Erythematosus.
1910. Cicatrix, Skin. State location.	1948. Melanoderma.
1911. Clavus. ( <i>Corn.</i> )	1949. Miliun.
1912. Comedo.	1950. Molluscum Contagiosum.
1913. Cutaneous Horn. ( <i>Cornu.</i> )	1951. Dermatitis, Industrial. State cause.
1914. Dermatitis Herpetiformis.	1952. Onychauxis.
1915. Dermatitis Seborrheica.	1953. Onychia.
1916. Dermatitis Venenata. State cause.	1954. Pemphigus.
1917. Dermatitis. <i>Otherwise unclassified.</i> State variety.	1955. Pityriasis Rosea.
1918. Dysidrosis.	1956. Prickly Heat. ( <i>Miliaria rubra.</i> )
1919. Ecthyma.	1957. Prurigo.
1920. Eczema.	1958. Pruritus. State location.
1921. Erysipeloid.	1959. Psoriasis.
1922. Erythema Multiforme.	1960. Scleroderma.
1923. Erythema Nodosum.	1961. Seborrhea.
1924. Erythema Scarlatiniforme.	1962. Skin Donor.
1925. Erythema. <i>Otherwise unclassified.</i> State variety.	1963. Sudamina.
1926. Erythrasma.	1964. Sycosis. <i>Not to include FUNGUS INFECTION, SKIN (2212).</i>
1927. Fissure, Skin.	1965. Ulcer, Decubital.
1928. Folliculitis.	1966. Ulcer, Skin. State location.
1929. Folliculitis Decalvans.	1967. Urticaria. ( <i>Allergic.</i> )
1930. Herpes.	1968. Urticaria Pigmentosa.
1931. Herpes Zoster.	1969. Vitiligo.
1932. Hyperhidrosis.	1970. Xeroderma Pigmentosa.
1933. Ichthyosis.	1971. Dermatosi. State variety.
1934. Impetigo Contagiosa.	.....
1935. Impetigo Herpetiformis.	.....

CLASS XX.—*Herniae*

Navy diag- nosis No.		Navy diag- nosis No.	
20xy.	<i>Other diseases of this class. State title.</i>	2009.	Hernia, Recurrent, After Operation. State type. <i>One of the types given in Class XX.</i>
2000.	Enlarged Inguinal Ring.	2010.	Hernia, Umbilical.
2001.	Hernia, Epigastric.	2011.	Hernia, Ventral.
2002.	Hernia, Femoral.	2012.	Hernia, Diaphragmatic.
2003.	Hernia, Inguinal, Indirect. ( <i>External.</i> )	2013.	Hernia, Strangulated. State type. <i>One of the types given in Class XX.</i>
2004.	Hernia, Inguinal, Direct. ( <i>Internal.</i> )	2014.	Hernia, Intervertebral Disc.
2005.	Hernia, Ischiatic.		.....
2006.	Hernia, Ischiorectal.		.....
2007.	Hernia, Lumbar.		.....
2008.	Hernia, Obturator.		.....

CLASS XXI.—*Miscellaneous Diseases and Conditions*

Navy diag- nosis No.		Navy diag- nosis No.	
21xy.	<i>Other diseases of this class. State title.</i>	2126.	Hydrocele. <i>Otherwise unclassified.</i> State location.
2100.	Absence, Acquired. State organ or part. <i>Not to include AMPUTATION, TRAUMATIC (2572).</i>	2127.	Gangrene. <i>Otherwise unclassified.</i> State cause (if known) and location.
2101.	Absence, Congenital. State organ or part.	2128.	Mastitis, Male, Chronic.
2102.	Accessory. State organ or part.	2129.	Glycosuria.
2103.	Polypus. <i>Otherwise unclassified.</i> State location.	2130.	Gout, Acute.
2104.	Adhesions. State location.	2132.	Hemochromatosis.
2105.	Adiposis Dolorosa.	2133.	Hemorrhage. <i>Otherwise unclassified.</i> State location. <i>Not to include HEMORRHAGE, TRAUMATIC (2538, 2539, 2540, or 2541).</i>
2106.	Alcoholism, Acute. <i>Not to include PSYCHOSIS, ALCOHOLIC (1511).</i>	2134.	Hematocoele. <i>Otherwise unclassified.</i> State location. <i>Not to include HEMATOCELE, TRAUMATIC, TUNICA VAGINALIS (2536).</i>
2107.	Alkalosis.	2135.	Infarction. State location.
2108.	Amyloid Disease. State location.	2137.	Lipemia.
2109.	Anaphylaxis. State cause. <i>Within 24 hours. If after 24 hours report as SERUM SICKNESS (2165).</i>	2138.	Deformity, Congenital. State organ or part.
2110.	Gout, Chronic.	2139.	Malinger. ( <i>See par. 2316.4.</i> )
2111.	Anti-inoculation. State disease.	2140.	Malnutrition.
2112.	Atony. State organ or part.	2141.	Mikulicz's Disease.
2113.	Atresia, Acquired. State location.	2142.	Necrosis. State location.
2114.	Atrophy. State organ or part.	2143.	No Disease. State reason for taking up on sick list. ( <i>See par. 2316.5.</i> )
2115.	Beriberi.	2144.	Obesity. If of endocrine origin report as HYPOTHYROIDISM (410), ENDOCRINOPATHY (406), etc.
2116.	Calculus. <i>Otherwise unclassified.</i> State location.	2145.	Ochronosis.
2117.	Carrier. State micro-organism.	2146.	Ossification. State location.
2118.	Concretion. State location.	2147.	Pellagra.
2119.	Defective Physical Development.	2148.	Rickets.
2120.	Deformity, Acquired. State location.	2149.	Rupture, Nontraumatic. State organ or part. <i>Not to be used for hernia or ruptured peptic ulcer. Not to include RUPTURE, TRAUMATIC (2548).</i>
2121.	Diabetes Insipidus.	2150.	Scurvy.
2122.	Diagnosis Undetermined. State suspected disease or condition. ( <i>See par. 238.</i> ) <i>Not to include DIAGNOSIS UNDETERMINED, INJURY (2518), or DIAGNOSIS UNDETERMINED, POISONING (2600).</i>	2151.	Motion Sickness. <i>To include airsickness and seasickness.</i>
2123.	Diverticulum. State location.	2153.	Shock.
2124.	Erythromelalgia.		
2125.	Fistula. <i>Otherwise unclassified.</i> State location.		



## Classes XXIII-XXIV

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURECLASS XXIII.—*Tumors*—Continued

Navy diag- nosis No.		Navy diag- nosis No.	
2303.	Chondroma. State location.	2328.	Teratoma. State location. Report <i>dermoid cyst or pilonidal cyst as</i> CYST, TERATOMA (2334 or 2335).
2304.	Chorio-epithelioma.	2329.	Tumor, Mixed, Benign. State location.
2305.	Cyst. <i>Otherwise unclassified.</i> State type and location.	2330.	Tumor, Mixed, Malignant. State location.
2306.	Cyst, Retention. State type and location.	2331.	Tumor, Mixed, Activity Unknown. State location.
2307.	Xanthoma. State location.	2332.	Adamantinoma.
2308.	Endothelioma. State location.	2333.	Adenocarcinoma. State location.
2309.	Wart.	2334.	Cyst, Teratoma, Inflamed. State location. <i>To include pilonidal</i> <i>cyst, dermoid cyst, etc.</i>
2310.	Epithelioma. State histologic type (if known) and location.	2335.	Cyst, Teratoma, Quiescent. State location. <i>To include pilonidal</i> <i>cyst, dermoid cyst, etc.</i>
2311.	Fibroma. State location.	2336.	Fibroadenoma. State location. <i>To include gynecomastia (state</i> <i>location as male breast).</i>
2312.	Glioma. State histologic type (if known) and location.	2337.	Lymphosarcoma. State location.
2313.	Hematoma, Nontraumatic. State location. <i>Not to include HEMA-</i> <i>TOMA, TRAUMATIC (2537), or</i> <i>HEMATOMA, SUBDURAL, CHRON-</i> <i>IC, TRAUMATIC (2566).</i>	2338.	Melanoma. State location.
2314.	Verruca Acuminata, Nonvenereal.	2339.	Meningioma.
2315.	Hypernephroma.	2340.	Neuroblastoma. State location.
2316.	Lipoma. State location.	2341.	Nevus. State location.
2317.	Lymphangioma. State location.	2342.	Osteochondromatosis.
2318.	Lymphoma. State location. <i>Not</i> <i>to include LYMPHOSARCOMA</i> <i>(2337).</i>	2343.	Telangiectasis. State location.
2319.	Myeloma, Multiple.	2344.	Epulis.
2320.	Myoma. State location.	2345.	Osteochondroma. State location.
2321.	Myxoma. State location.		.....
2322.	Neuroma. State location.		.....
2323.	Odontoma.		.....
2324.	Onychoma.		.....
2325.	Osteoma. State location.		.....
2326.	Papilloma. State location.		.....
2327.	Sarcoma. <i>Otherwise unclassified.</i> State histologic type (if known) and location. <i>To include all</i> <i>malignant tumors of connective</i> <i>tissue origin not otherwise clas-</i> <i>sified.</i>		.....

CLASS XXIV.—*Female Diseases and Conditions*

Navy diag- nosis No.		Navy diag- nosis No.	
24xy.	<i>Other diseases of this class.</i> State title.	2415.	Hypertrophy, Vulva.
2400.	Amenorrhea.	2416.	Leukorrhea.
2401.	Displacement, Fallopian Tube.	2417.	Mastitis, Acute.
2402.	Displacement, Ovary.	2418.	Mastitis, Chronic.
2403.	Displacement, Uterus.	2419.	Menopause.
2404.	Dysmenorrhea.	2420.	Menorrhagia.
2405.	Endocervicitis.	2421.	Metritis, Acute.
2406.	Endometritis.	2422.	Metritis, Chronic.
2407.	Fissure, Nipple.	2423.	Metrorrhagia.
2408.	Fistula, Rectovaginal.	2424.	Oophoritis, Acute.
2409.	Fistula, Uterovaginal.	2425.	Prolapse, Uterus.
2410.	Fistula, Uterovesical.	2426.	Relaxation, Pelvic Floor.
2411.	Fistula, Vesicovaginal.	2427.	Salpingitis, Acute.
2412.	Hematosalpinx.	2428.	Salpingitis, Chronic.
2413.	Hypertrophy, Cervix Uteri.	2429.	Sclerosis, Ovary.
2414.	Hypertrophy, Clitoris.	2430.	Stricture, Uterine Canal.
		2431.	Vaginitis, Nonvenereal.

## SECTION III. TITLES BY DIAGNOSTIC CLASSES

CLASS XXIV.—*Female Diseases and Conditions*—Continued

Navy diag- nosis No.		Navy diag- nosis No.	
2432.	Vulvitis, Nonvenereal.	2443.	Parametritis.
2433.	Endometriosis.	2444.	Rectocele.
2434.	Caruncle, Urethra.	2445.	Rupture of Graafian Follicle.
2435.	Pregnancy. State type.	2446.	Toxemia of Pregnancy. State type.
2436.	Abortion. State type.		.....
2437.	Cystocele.		.....
2438.	Erosion of Cervix.		.....
2439.	Hydatidiform Mole.		.....
2440.	Laceration of Cervix.		.....
2441.	Malformation of Uterus.		.....
2442.	Oophoritis, Chronic.		.....

CLASS XXV.—*Injuries*

Navy diag- nosis No.		Navy diag- nosis No.	
25xy.	<i>Other injuries of this class. State title.</i>	2530.	Cataract, Traumatic.
2500.	Abrasion. State location. <i>The word "multiply" may be used for numerous locations.</i>	2531.	Fracture, Simple. State bone or cartilage.
2501.	Asphyxiation. State cause.	2532.	Frostbite. State location.
2502.	Avulsion. State organ or part.	2533.	Glass, Powdered, Injuries from Swallowing.
2503.	Bite. State location.	2534.	Heat Cramps.
2504.	Burn, Chemical. State chemical and location.	2535.	Heat Exhaustion.
2505.	Burn, Electricity. State location.	2536.	Hematocoele, Traumatic, Tunica Vaginalis.
2506.	Burn, Radium. State location.	2537.	Hematoma, Traumatic. State location.
2507.	Burn, X-ray. State location.	2538.	Hemorrhage, Traumatic, into Eye-ball.
2508.	Burn. <i>Otherwise unclassified.</i> State location.	2539.	Hemorrhage, Traumatic, into Joint. State joint.
2509.	Castration, Traumatic.	2540.	Hemorrhage, Traumatic, under Conjunctiva.
2510.	Cold, General Effects of.	2541.	Hemorrhage, Traumatic. <i>Otherwise unclassified.</i> State location.
2511.	Compression. State organ or part.	2542.	Injuries, Multiple, Extreme.
2512.	Contusion. State location. <i>The word "multiply" may be used for numerous locations.</i>	2543.	Intracranial Injury.
2513.	Odontoclasia.	2544.	Intraspinal Injury.
2514.	Crush. State organ or part.	2545.	Killed in Action, Details Not Known.
2515.	Deafness Due to Heavy Firing.	2546.	Periostitis, Traumatic. State bone.
2516.	Decapitation.	2547.	Radioactive Bodies, Effects of. State compound. <i>Not to include BURN, RADIUM (2506).</i>
2517.	Deprivation of Water.	2548.	Rupture, Traumatic. State organ or part. <i>Not to include HERNIA, TRAUMATIC (2571).</i>
2518.	Diagnosis Undetermined. State suspected injury. ( <i>See par. 238.</i> )	2549.	Smoke Inhalation.
2519.	Dislocation, Articular Cartilage, Knee.	2550.	Sprain, Joint. State joint.
2520.	Dislocation. <i>Otherwise unclassified.</i> State articulation or part.	2551.	Starvation.
2521.	Drowning.	2552.	Strain, Muscular. State location.
2522.	Electric Shock.	2553.	Strangulation, Respiratory.
2523.	Emphysema, Traumatic. State location.	2554.	Submersion, Nonfatal.
2524.	Epilation, Traumatic. State location.	2555.	Sunburn. State location.
2525.	Epiphyseal Separation, Traumatic. State bone.	2556.	Heat Stroke. <i>To include sunstroke.</i>
2526.	Exhaustion from Overexertion.	2557.	Synovitis, Traumatic. State joint.
2527.	Exhaustion from Overexposure.	2558.	Thermic Fever, Induced.
2528.	Foreign Body, Traumatic. State location.	2559.	Tinnitus Aurium, Traumatic.
2529.	Fracture, Compound. State bone or cartilage.	2560.	Torsion, Traumatic. State organ or part.
		2561.	Urethral Fever, Traumatic.

## Classes XXV-XXVII

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURECLASS XXV.—*Injuries*—Continued

Navy diag- nosis No.		Navy diag- nosis No.	
2562.	Wound, Incised. State location.	2579.	Embolism, Fat. State location.
2563.	Wound, Lacerated. State location.	2580.	Iridodialisys.
2564.	Wounds, Multiple.	2581.	Union of Fracture, Faulty. ( <i>Mal- delayed, fibrous, or non-union.</i> ) State bone or cartilage.
2565.	Wound, Punctured. State location.	2582.	Dislocation, Compound. State joint.
2566.	Hematoma, Subdural, Chronic, Traumatic.	2583.	Burn, Ultraviolet. State location.
2567.	X-ray, Effects of. State manifesta- tion. <i>Not to include</i> BURN, X-RAY (2507).	2584.	Wound, Fragment. State whether bomb or shell (if known) and location.
2568.	Burn, Friction. State location.	2585.	Immersion Foot.
2569.	Ophthalmia, Actinic Rays.	2587.	Aero-embolism.
2570.	Dislocation, Chronic, Recurrent. State articulation.	2588.	Deafness, Dive Bombing.
2571.	Hernia, Traumatic. State location.	2589.	Injuries, Type Unknown.
2572.	Amputation, Traumatic. State part. <i>Not to include surgical amputation; report as</i> ABSENCE, ACQUIRED (2100).	2590.	Killed or Died While Prisoner of War.
2573.	Caisson Disease. <i>To include bends and diver's paralysis.</i>	2595.	Blast Concussion, Atmospheric. State location.
2574.	Compression, Diver's Squeeze.	2596.	Blast Concussion, Water. State location.
2575.	Embolism, Air, from Submarine Escape Appliance.	.....	.....
2576.	Wound, Gunshot. State location.	.....	.....
2577.	Wound, Infected. State organism (if known) and location. <i>Not to include</i> GAS BACILLUS INFECTION (1301).	.....	.....
2578.	Embolism, Air. State location. <i>Not to include</i> EMBOLISM, AIR, FROM SUBMARINE ESCAPE AP- PLIANCE (2575).	.....	.....

CLASS XXVI.—*Poisonings*

Navy diag- nosis No.		Navy diag- nosis No.	
26xy.	<i>Other poisonings of this class.</i> State title.	2605.	Poisoning, Therapeutic, Chronic. State compound used, disability treated, and manifestation. ( <i>See par. 2319.</i> )
2600.	Diagnosis Undetermined. State suspected poisoning. ( <i>See par. 238.</i> )	2606.	Poisoning, Venom. State fish, in- sect, snake, etc.
2601.	Poisoning, Acute. State substance.	2607.	War Gas. State gas and effects.
2602.	Poisoning, Anesthesia. State anes- thetic.	2608.	Poisoning, Prophylactic (or Sup- pressive). State compound used and for what purpose.
2603.	Poisoning, Chronic. State sub- stance.	.....	.....
2604.	Poisoning, Therapeutic, Acute. State compound used, disability treated, and manifestation. ( <i>See par. 2319.</i> )	.....	.....

CLASS XXVII.—*Dental Diseases and Conditions*

Navy diag- nosis No.		Navy diag- nosis No.	
27xy.	<i>Other diseases of this class.</i> State title.	2705.	Absence, Acquired, Teeth (or Tooth).
2700.	Abscess, Dento-alveolar, Acute.	2706.	Aphthae.
2701.	Abscess, Periapical.	2707.	Caries, Teeth.
2702.	Abscess, Pericoronal.	2708.	Erosion.
2703.	Abscess, Periodontal.	2709.	Fistula, Dento-alveolar.
2704.	Abscess, Pterygomandibular.	2710.	Fluorosis, Dental.

## SECTION IV. ALPHABETICAL LISTING OF TITLES

CLASS XXVII.—*Dental Diseases and Conditions*—Continued

Navy diag- nosis No.		Navy diag- nosis No.	
2711.	Gingivitis, Heavy Metals. State type.	2721.	Odontalgia. ( <i>Toothache.</i> )
2712.	Gingivitis. <i>Otherwise unclassified.</i> State type.	2722.	Odontorrhagia.
2713.	Gingivitis, Vincent's.	2723.	Paradentosis. ( <i>Pyorrhea.</i> )
2714.	Herpes, Oral.	2724.	Parulis.
2715.	Hypercementosis.	2725.	Periodontitis.
2716.	Infection, Dental, Residual.	2726.	Perleche.
2717.	Infection, Focal, Teeth.	2727.	Pulpitis.
2718.	Infection, Vincent's, Oral, Generalized.	2728.	Tooth, Impacted. State number of tooth and type of impaction.
2719.	Malocclusion. State type, using Angle's classification.	2729.	Tooth, Unerupted. State number of tooth and condition.
2720.	Malposition, Teeth (or Tooth).		.....
			.....

## SECTION IV. ALPHABETICAL LISTING OF TITLES

Navy diag- nosis No.		Navy diag- nosis No.	
	<b>A</b>	2104.	Adhesions. State location.
2436.	Abortion. State type.	396.	Adhesions, Abdominal.
2500.	Abrasion. State location. <i>The word "multiple" may be used for numerous locations.</i>	2105.	Adiposis Dolorosa.
2200.	Abscess, Amebic. State location.	402.	Adrenatitis.
1700.	Abscess, Brain.	2587.	Aero-embolism.
2700.	Abscess, Dento-alveolar, Acute.	546.	Aero-otitis Media.
1663.	Abscess, Joint. State joint.	303.	Aerophagia.
1407.	Abscess, Lymph Gland. State location.	1901.	Albinism.
2701.	Abscess, Periapical.	703.	Albuminuria.
700.	Abscess, Perinephritic.	2106.	Alcoholism, Acute. <i>Not to include PSYCHOSIS, ALCOHOLIC (1511).</i>
2702.	Abscess, Pericoronal.	1572.	Alcoholism, Chronic. <i>Not to include PSYCHOSIS, ALCOHOLIC (1511).</i>
2703.	Abscess, Periodontal.	2107.	Alkalosis.
300.	Abscess, Periproctic.	2166.	Allergy. <i>Otherwise unclassified.</i> State manifestation. <i>Not to include ASTHMA (1801), HAY FEVER (1809), or URTICARIA (1967).</i>
500.	Abscess, Peritonsillar.	1902.	Alopecia.
701.	Abscess, Periuethral.	1903.	Alopecia Areata.
702.	Abscess, Perivesical.	600.	Amblyopia.
2704.	Abscess, Pterygomandibular.	2202.	Amebiasis. <i>Not to include ABSCESS, AMEBIC (2200), or DYS-ENTERY, AMEBIC (2209).</i>
501.	Abscess, Retropharyngeal.	2400.	Amenorrhea. <i>Amputation, surgical. Report as ABSENCE, ACQUIRED (2100).</i>
301.	Abscess, Subphrenic.	2572.	Amputation, Traumatic. State part.
1300.	Abscess. <i>Otherwise unclassified.</i> State location. <i>Not to include FURUNCLE (1312).</i>	2108.	Amyloid Disease. State location.
2100.	Absence, Acquired. State organ or part. <i>Not to include AMPUTATION, TRAUMATIC (2572).</i>	2109.	Anaphylaxis. State cause. <i>Within 24 hours. If after 24 hours report as SERUM SICKNESS (2165).</i>
2705.	Absence, Acquired, Teeth (or Tooth).	101.	Anemia, Pernicious.
2101.	Absence, Congenital. State organ or part.	102.	Anemia, Secondary.
2102.	Accessory. State organ or part.	100.	Anemia, Sickle Cell.
302.	Achylia Gastrica.	103.	Anemia, Splenic.
1900.	Acne. State variety and location.	104.	Anemia. <i>Otherwise unclassified.</i>
400.	Acromegalia.	200.	Aneurysm, Heart.
2201.	Actinomycosis. State location.	201.	Aneurysm, Varicose. State artery.
2332.	Adamantinoma.		
401.	Addison's Disease.		
2333.	Adenocarcinoma. State location.		
502.	Adenoids.		
2300.	Adenoma. State location.		

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

*Alphabetical Listing of Titles—Continued*

Navy diag- nosis No.		Navy diag- nosis No.	
202.	<b>Aneurysm.</b> <i>Otherwise unclassified.</i> State artery.		<b>B</b>
203.	<b>Aneurysmal Varix.</b> State artery.	704.	<b>Balanoposthitis.</b>
503.	<b>Angina,</b> Ludwig's.	1014.	<b>Bartonellosis.</b> <i>To include Oroya fever and verruca peruana.</i> <i>Bed sore. Report as</i> <b>ULCER, DE- CUBITAL</b> (1965).
204.	<b>Angina Pectoris.</b>	2115.	<b>Beriberi.</b>
800.	<b>Angina, Vincent's.</b>	2503.	<b>Bite.</b> State location.
205.	<b>Angioneurotic Edema.</b>	2219.	<b>Black Tongue.</b>
1904.	<b>Anhidrosis.</b>	1000.	<b>Blackwater Fever.</b>
601.	<b>Ankyloblepharon.</b>	2595.	<b>Blast Concussion, Atmospheric.</b> State location.
1601.	<b>Ankylosis.</b> State joint.	2596.	<b>Blast Concussion, Water.</b> State location.
1800.	<b>Ankylosis, Arytenoid Cartilage.</b>	2205.	<b>Blastomycosis.</b>
504.	<b>Ankylosis, Ossicles.</b> <i>Angiostomiasis. Report as</i> <b>HOOK- WORM DISEASE</b> (2213).	603.	<b>Blepharitis.</b>
1701.	<b>Anosmia.</b> <i>Anoxia, Report as</i> <b>ASPHYXIATION</b> (2501).	604.	<b>Blindness, Bilateral.</b>
1826.	<b>Anthraxis.</b>	605.	<b>Blindness, Unilateral.</b>
1302.	<b>Anthrax.</b>	2167.	<b>Blood Donor.</b> <i>Botulism. Report as</i> <b>FOOD INTOXI- CATION, BOTULISM</b> (1303). <i>Boutonneuse fever. (See 1038).</i>
2111.	<b>Anti-inoculation.</b> State disease.	211.	<b>Bradycardia.</b>
206.	<b>Aortitis.</b>	1905.	<b>Bromidrosis.</b>
673.	<b>Aphakia.</b>	1802.	<b>Bronchiectasis.</b>
1702.	<b>Aphasia.</b>	817.	<b>Bronchitis, Acute.</b>
1703.	<b>Aphonia.</b>	1803.	<b>Bronchitis, Chronic.</b>
2706.	<b>Apthae.</b>	1400.	<b>Bubo, Inguinal, Nonvenereal.</b>
304.	<b>Appendicitis, Acute.</b>	2504.	<b>Burn, Chemical.</b> State chemical and location.
378.	<b>Appendicitis, Chronic.</b>	2505.	<b>Burn, Electricity.</b> State location.
209.	<b>Arteriosclerosis, Cerebral.</b>	2568.	<b>Burn, Friction.</b> State location.
210.	<b>Arteriosclerosis, General.</b>	2506.	<b>Burn, Radium.</b> State location.
252.	<b>Arteriosclerosis, Local.</b> State ar- tery.	2583.	<b>Burn, Ultraviolet.</b> State location.
1602.	<b>Arthritis, Acute.</b> State joint.	2507.	<b>Burn, X-ray.</b> State location.
1651.	<b>Arthritis, Chronic.</b> State joint.	2508.	<b>Burn.</b> <i>Otherwise unclassified.</i> State location.
1603.	<b>Arthritis Deformans.</b> State loca- tion.	1604.	<b>Bursitis, Acute.</b> State location.
305.	<b>Artificial Anus.</b>	1652.	<b>Bursitis, Chronic.</b> State location.
2203.	<b>Ascariasis.</b>		<b>C</b>
2204.	<b>Aspergillosis.</b>	2573.	<b>Caisson Disease.</b> <i>To include bends and diver's paralysis.</i>
2501.	<b>Asphyxiation.</b> State cause.	1605.	<b>Calcification of Cartilage.</b>
2169.	<b>Asthenia, Postinfective.</b>	749.	<b>Calculus.</b> <i>Urinary system.</i> State location.
2170.	<b>Asthenia, Postsurgical.</b>	2116.	<b>Calculus.</b> <i>Otherwise unclassified.</i> State location.
1801.	<b>Asthma.</b>	1906.	<b>Callosity.</b>
602.	<b>Astigmatism, Compound Hyper- opic.</b>	1304.	<b>Carbuncle.</b> State location.
669.	<b>Astigmatism, Compound Myopic.</b>	2302.	<b>Carcinoma.</b> <i>Otherwise unclassi- fied.</i> State histologic type (if known) and location. <i>To include all malignant epithelial tumors not otherwise classified.</i>
670.	<b>Astigmatism, Mixed.</b>	212.	<b>Cardiac Arrhythmia, Auricular</b> <b>Fibrillation.</b>
671.	<b>Astigmatism, Simple Hyperopic.</b>	213.	<b>Cardiac Arrhythmia, Auricular</b> <b>Flutter.</b>
672.	<b>Astigmatism, Simple Myopic.</b>	227.	<b>Cardiac Arrhythmia, Heart Block.</b>
1704.	<b>Ataxia, Hereditary.</b> ( <i>Friedreich's disease.</i> )		
1827.	<b>Atelectasis.</b>		
1705.	<b>Athetosis.</b>		
2112.	<b>Atony.</b> State organ or part.		
2113.	<b>Atresia, Acquired.</b> State location.		
2114.	<b>Atrophy.</b> State organ or part.		
306.	<b>Atrophy, Liver, Yellow, Acute.</b> <i>Aviator's sickness or balloon sick- ness. Report as</i> <b>MOTION SICK- NESS</b> (2151).		
2168.	<b>Avitaminosis, Multiple.</b>		
2502.	<b>Avulsion.</b> State organ or part.		

## SECTION IV. ALPHABETICAL LISTING OF TITLES

*Alphabetical Listing of Titles—Continued*

Navy diag- nosis No.		Navy diag- nosis No.	
254.	Cardiac Arrhythmia, Paroxysmal Tachycardia.	1909.	Chromidrosis.
214.	Cardiac Arrhythmia, Premature Contractions.		<i>Chyle cyst of mesentery. Report as CYST (2305).</i>
215.	Cardiac Arrhythmia, Sinus Arrhythmia.	705.	Chylocele, Nonfilarial.
255.	Cardiac Arrhythmia. <i>Otherwise unclassified.</i> State type.	1804.	Chylothorax.
216.	Cardiac Disorder, Functional.	311.	Chylous Ascites, Nonfilarial.
308.	Cardiospasm.	706.	Chyluria, Nonfilarial.
253.	Carditis, Acute.	1910.	Cicatrix, Skin. State location.
2707.	Caries, Teeth.	312.	Cirrhosis, Liver, Atrophic.
2117.	Carrier. State micro-organism.	313.	Cirrhosis, Liver, Hypertrophic.
2434.	Caruncle, Urethra.	314.	Cirrhosis, Liver. <i>Otherwise unclassified.</i> State variety.
2509.	Castration, Traumatic.	1911.	Clavus. ( <i>Corn.</i> )
1707.	Catalepsy.	2233.	Coccidioidal Granuloma.
606.	Cataract. <i>Not to include CATARACT, TRAUMATIC (2530).</i>	2206.	Coccidiosis.
2530.	Cataract, Traumatic.	2510.	Cold, General Effects of.
801.	Catarrhal Fever, Acute.	315.	Colitis, Acute.
1305.	Cellulitis. State location.	381.	Colitis, Chronic.
802.	Cerebrospinal Fever, Meningococcic.	382.	Colitis, Ulcerative.
1225.	Cerebrospinal Syphilis, Undifferentiated. <i>With symptoms and/or signs, but not differentiated as to type. Not to include DEMENTIA PARALYTICA (1504).</i>	609.	Color Blindness.
505.	Cerumen Accumulation.	1912.	Comedo.
	<i>Cervical rib. Report as ACCESSORY, RIB (2102).</i>	2511.	Compression. State organ or part.
	<i>Cestoda infection. Report as TENIASIS (2235).</i>	2574.	Compression, Diver's Squeeze.
	<i>Chagas' disease. (See 1010.)</i>	2118.	Concretion. State location.
607.	Chalazion.		<i>Concussion, brain. Report as INTRACRANIAL INJURY (2543).</i>
1201.	Chancroid.	707.	Congestion, Kidney.
1202.	Chancroidal Lymphadenitis.	1805.	Congestion, Lung, Acute.
803.	Chickenpox.		<i>Conical cornea. Report as KERATOCONUS (639).</i>
1907.	Chilblain. ( <i>Pernio.</i> )	610.	Conjunctivitis, Catarrhal.
1908.	Chloasma.	611.	Conjunctivitis, Follicular.
	<i>Chloroma. Report as SARCOMA (2327).</i>	612.	Conjunctivitis, Phlyctenular.
105.	Chlorosis.	613.	Conjunctivitis, Purulent.
309.	Cholangitis, Acute.	614.	Conjunctivitis, Vernal.
379.	Cholangitis, Chronic.	615.	Conjunctivitis. <i>Otherwise unclassified.</i>
310.	Cholecystitis, Acute.	316.	Constipation.
380.	Cholecystitis, Chronic.	1563.	Constitutional Psychopathic Inferiority.
329.	Cholelithiasis.	1608.	Contracture. State location.
900.	Cholera.	2512.	Contusion. State location. <i>The word "multiple" may be used for numerous locations.</i>
1606.	Chondritis. State location.		<i>Corn. Report as CLAVUS (1911).</i>
2303.	Chondroma. State location.	237.	Coronary Heart Disease, Arteriosclerotic. <i>Not to include acute coronary thrombosis.</i>
1607.	Chondromalacia.		<i>Coronary thrombosis, acute, or coronary occlusion, acute, when due to thrombus. Report as THROMBOSIS, Coronary Artery (239).</i>
1708.	Chorea.	1609.	Coxa Valga.
1709.	Chorea, Progressive, Chronic. ( <i>Huntington's.</i> )	1610.	Coxa Vara.
2304.	Chorio-epithelioma.	1611.	Cramp, Muscle. State muscle.
1730.	Choriomeningitis, Benign Lymphocytic.	2514.	Crush. State organ or part.
658.	Chorioretinitis.	750.	Cryptorchidism.
608.	Choroiditis.	1612.	Curvature, Spine.
		1913.	Cutaneous Horn. ( <i>Cornu.</i> )

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

*Alphabetical Listing of Titles—Continued*

- |   |   |
|---|---|
| <p>Navy diag-<br/>nosis No.</p> <p>617. <b>Cyclitis.</b></p> <p>2306. <b>Cyst, Retention.</b> State type and location.</p> <p>2334. <b>Cyst, Teratoma, Inflamed.</b> State location. <i>To include pilonidal cyst, dermoid cyst, etc.</i></p> <p>2335. <b>Cyst, Teratoma, Quiescent.</b> State location. <i>To include pilonidal cyst, dermoid cyst, etc.</i></p> <p>2305. <b>Cyst, Otherwise unclassified.</b> State type and location.</p> <p>2207. <b>Cysticercosis.</b> State location.</p> <p>708. <b>Cystinuria.</b></p> <p>709. <b>Cystitis, Acute, Nonvenereal.</b></p> <p>751. <b>Cystitis, Chronic, Nonvenereal.</b></p> <p>2437. <b>Cystocele.</b></p> <p style="text-align: center;"><b>D</b></p> <p>618. <b>Dacryadenitis.</b></p> <p>619. <b>Dacryocystitis.</b></p> <p>506. <b>Deafness, Bilateral.</b> <i>Not to include DEAFNESS DUE TO HEAVY FIRING (2515), or DEAFNESS, DIVE BOMBING (2588).</i></p> <p>2588. <b>Deafness, Dive Bombing.</b></p> <p>2515. <b>Deafness Due to Heavy Firing.</b></p> <p>507. <b>Deafness, Unilateral.</b> <i>Defective hearing. Report as DEAFNESS, BILATERAL (506).</i></p> <p>2516. <b>Decapitation.</b></p> <p>2119. <b>Defective Physical Development.</b></p> <p>2120. <b>Deformity, Acquired.</b> State location.</p> <p>2138. <b>Deformity, Congenital.</b> State organ or part.</p> <p>2160. <b>Delirium, Alcoholic.</b></p> <p>1504. <b>Dementia Paralytica. (Paresis.)</b></p> <p>1001. <b>Dengue.</b></p> <p>2517. <b>Deprivation of Water.</b></p> <p>1914. <b>Dermatitis Herpetiformis.</b></p> <p>1951. <b>Dermatitis, Industrial.</b> State cause.</p> <p>1915. <b>Dermatitis Seborrheica.</b></p> <p>1916. <b>Dermatitis Venenata.</b> State cause.</p> <p>1917. <b>Dermatitis. Otherwise unclassified.</b> State variety.</p> <p>1971. <b>Dermatosis.</b> State variety. <i>Dermoid cyst. Report as CYST, TERATOMA (2334 or 2335).</i></p> <p>620. <b>Detachment, Choroid.</b></p> <p>621. <b>Detachment, Retina.</b></p> <p>508. <b>Deviation, Nasal Septum.</b></p> <p>2121. <b>Diabetes Insipidus.</b></p> <p>404. <b>Diabetes Mellitus.</b></p> <p>2122. <b>Diagnosis Undetermined.</b> State suspected disease or condition. <i>(See par. 238.) Not to include DIAGNOSIS UNDETERMINED, INJURY (2518), or DIAGNOSIS UNDETERMINED, POISONING (2600).</i></p> | <p>Navy diag-<br/>nosis No.</p> <p>2518. <b>Diagnosis Undetermined.</b> State suspected injury. <i>(See par. 238.)</i></p> <p>2600. <b>Diagnosis Undetermined.</b> State suspected poisoning. <i>(See par. 238.)</i></p> <p>394. <b>Diarrhea, Chronic, Cause Unknown.</b></p> <p>1661. <b>Digitus Varus.</b></p> <p>217. <b>Dilatation, Aortic Arch.</b></p> <p>218. <b>Dilatation, Cardiac, Acute.</b></p> <p>219. <b>Dilatation, Cardiac, Chronic.</b> <i>Dilatation, colon, congenital (Hirschsprung's disease). Report as DEFORMITY, CONGENITAL (2138).</i></p> <p>317. <b>Dilatation, Stomach, Acute.</b></p> <p>318. <b>Dilatation, Stomach, Chronic.</b></p> <p>804. <b>Diphtheria.</b></p> <p>805. <b>Diphtheritic Paralysis.</b></p> <p>2519. <b>Dislocation, Articular Cartilage, Knee.</b></p> <p>2570. <b>Dislocation, Chronic, Recurrent,</b> State articulation.</p> <p>2582. <b>Dislocation, Compound.</b> State joint.</p> <p>2520. <b>Dislocation. Otherwise unclassified.</b> State articulation or part.</p> <p>2401. <b>Displacement, Fallopian Tube.</b></p> <p>319. <b>Displacement, Liver.</b></p> <p>2402. <b>Displacement, Ovary.</b></p> <p>2403. <b>Displacement, Uterus.</b> <i>Diver's paralysis. Report as CAISSON DISEASE (2573).</i></p> <p>320. <b>Diverticulitis, Intestinal.</b></p> <p>333. <b>Diverticulosis, Intestinal.</b></p> <p>2123. <b>Diverticulum.</b> State location.</p> <p>1015. <b>Dracontiasis.</b></p> <p>2521. <b>Drowning.</b></p> <p>2171. <b>Drug Addiction.</b> State drug.</p> <p>321. <b>Duodenitis.</b></p> <p>2209. <b>Dysentery, Amebic.</b></p> <p>901. <b>Dysentery, Bacillary.</b></p> <p>902. <b>Dysentery, Balantidic.</b></p> <p>1306. <b>Dysentery. Otherwise unclassified.</b></p> <p>1918. <b>Dysidrosis.</b></p> <p>417. <b>Dysinsulinism.</b></p> <p>2404. <b>Dysmenorrhea.</b></p> <p>405. <b>Dyspituitarism.</b></p> <p>1710. <b>Dystrophy, Progressive Muscular.</b></p> <p style="text-align: center;"><b>E</b></p> <p>2211. <b>Echinococcosis.</b></p> <p>1919. <b>Ecthyma.</b></p> <p>622. <b>Ectropion.</b></p> <p>1920. <b>Exzema.</b></p> <p>509. <b>Edema, Glottis.</b></p> <p>1806. <b>Edema, Lung.</b></p> <p>2522. <b>Electric Shock.</b></p> <p>1401. <b>Elephantiasis, Nonfilarial.</b></p> <p>510. <b>Elongation, Uvula.</b></p> |
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## SECTION IV. ALPHABETICAL LISTING OF TITLES

*Alphabetical Listing of Titles—Continued*

- | Navy diag-<br>nosis No. |   | Navy diag-<br>nosis No. |   |
|-------------------------|---|-------------------------|---|
| 2578.                   | <b>Embolism, Air.</b> State location.<br><i>Not to include</i> EMBOLISM, AIR,<br>FROM SUBMARINE ESCAPE AP-<br>PLIANCE (2575).   | 752.                    | <b>Epididymitis, Chronic, Nonvene-<br/>real.</b>  |
| 2575.                   | <b>Embolism, Air, from Submarine<br/>Escape Appliance.</b>  | 511.                    | <b>Epiglottiditis.</b>  |
| 221.                    | <b>Embolism, Cerebral.</b>  | 2524.                   | <b>Epilation, Traumatic.</b> State lo-<br>cation.   |
| 2579.                   | <b>Embolism, Fat.</b> State location.   | 1714.                   | <b>Epilepsy.</b> <i>Not to include</i> PSY-<br>CHOSIS, EPILEPTIC (1514).  |
| 223.                    | <b>Embolism.</b> <i>Otherwise unclassified.</i><br>State location. <i>Not to include</i><br>EMBOLISM, AIR (2578), or EM-<br>BOLISM, AIR, FROM SUBMARINE<br>ESCAPE APPLIANCE (2575). | 1715.                   | <b>Epilepsy, Jacksonian.</b>  |
| 1807.                   | <b>Emphysema, Pulmonary.</b> <i>Not to<br/>include</i> EMPHYSEMA, TRAUMATIC<br>(2523).  | 624.                    | <b>Epiphora.</b>  |
| 2523.                   | <b>Emphysema, Traumatic.</b> State lo-<br>cation.<br><i>Emphysema.</i> Report as PLEURISY,<br>SUPPURATIVE (1815).   | 2525.                   | <b>Epiphyseal Separation, Trau-<br/>matic.</b> State bone.  |
| 1713.                   | <b>Encephalitis, Acute.</b> <i>Not to include</i><br>ENCEPHALITIS, LETHARGIC (819).   | 1653.                   | <b>Epiphysitis.</b> State location.   |
| 1729.                   | <b>Encephalitis, Chronic.</b>   | 226.                    | <b>Epistaxis.</b>   |
| 819.                    | <b>Encephalitis, Lethargic.</b>   | 2310.                   | <b>Epithelioma.</b> State histologic<br>type (if known) and location.   |
| 224.                    | <b>Endarteritis.</b> State location.  | 2344.                   | <b>Epulis.</b>  |
| 225.                    | <b>Endocarditis, Acute.</b>   | 2708.                   | <b>Erosion.</b>   |
| 250.                    | <b>Endocarditis, Acute Ulcerative.</b><br>( <i>Malignant.</i> )   | 2438.                   | <b>Erosion of Cervix.</b>   |
| 257.                    | <b>Endocarditis, Chronic.</b>   | 1308.                   | <b>Erysipelas.</b>  |
| 256.                    | <b>Endocarditis, Subacute Bacterial.</b>  | 1921.                   | <b>Erysipeloid.</b>   |
| 2405.                   | <b>Endocervicitis.</b>  | 1922.                   | <b>Erythema Multiforme.</b>   |
| 406.                    | <b>Endocrinopathy.</b> <i>Otherwise un-<br/>classified.</i> State variety.  | 1923.                   | <b>Erythema Nodosum.</b>  |
| 2433.                   | <b>Endometriosis.</b>   | 1924.                   | <b>Erythema Scarlatiniforme.</b>  |
| 2406.                   | <b>Endometritis.</b>  | 1925.                   | <b>Erythema.</b> <i>Otherwise unclassified.</i><br>State variety.   |
| 2308.                   | <b>Endothelioma.</b> State location.  | 1926.                   | <b>Erythrasma.</b>  |
| 2000.                   | <b>Enlarged Inguinal Ring.</b>  | 2124.                   | <b>Erythromelalgia.</b>   |
| 710.                    | <b>Enlargement, Prostrate.</b> <i>Not to<br/>include tumor or abscess.</i>  | 324.                    | <b>Esophagitis.</b><br><i>Espundia.</i> (See 1003.)<br><i>Ethmoiditis.</i> Report as SINUSITIS,<br>ETHMOIDAL (534).   |
| 322.                    | <b>Enteritis, Acute.</b> <i>Not to include</i><br>FOOD INFECTION (1330), FOOD<br>INTOXICATION (1331), FOOD POI-<br>SONING, BACTERIAL (1332), or<br>ALLERGY (2166).                  | 2526.                   | <b>Exhaustion from Overexertion.</b>  |
| 384.                    | <b>Enteritis, Chronic.</b>  | 2527.                   | <b>Exhaustion from Overexposure.</b>  |
| 323.                    | <b>Enterocolitis, Acute.</b> <i>Not to in-<br/>clude</i> FOOD INFECTION (1330),<br>FOOD INTOXICATION (1331),<br>FOOD POISONING, BACTERIAL<br>(1332), or ALLERGY (2166).             | 625.                    | <b>Exophthalmos.</b><br><i>Exostosis, maxilla or mandible.</i><br>Report as SPUR, BONE (1600).<br><i>Exposure to extreme cold.</i> Report<br>as COLD, GENERAL EFFECTS OF<br>(2510). |
| 385.                    | <b>Enterocolitis, Chronic.</b><br><i>Enterolith.</i> Report as CALCULUS,<br>Intestine (2116).<br><i>Enteroptosis.</i> Report as SPLANCH-<br>NOPTOSIS (362).                         | 713.                    | <b>Extravasation, Urine.</b>  |
| 623.                    | <b>Entropion.</b>   | 1613.                   | <b>Exuberant Callus.</b>  |
| 1573.                   | <b>Enuresis.</b> ( <i>Bed-wetting.</i> )<br><i>Epidermophytosis.</i> Report as<br>FUNGUS INFECTION, SKIN (2212).  |                         |   |
| 712.                    | <b>Epididymitis, Acute, Nonvene-<br/>real.</b>  |                         |   |

## F

- Fainting.* Report as SYNCOPE (222).
2172. **Fatigue, Combat.**
2180. **Fatigue, Operational.**
2237. **Favus.**
1309. **Fever, Cause Undetermined.**
2336. **Fibroadenoma.** State location. *To  
include* gynecomastia (state loca-  
tion as male breast).
2311. **Fibroma.** State location.
1002. **Filariasis.** *Do not include* DRAC-  
ONTIASIS (1015), LOIASIS (1020),  
or ONCHOCERCIASIS (1016).
325. **Fissure, Anus.**
2407. **Fissure, Nipple.**
1927. **Fissure, Skin.**
326. **Fistula, Biliary.**
714. **Fistula, Bladder.**
2709. **Fistula, Dento-alveolar.**

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

### Alphabetical Listing of Titles—Continued

Navy diagnosis No.

327. **Fistula, Fecal.**  
 328. **Fistula in Ano.**  
 715. **Fistula, Recto-urethral.**  
 2408. **Fistula, Rectovaginal.**  
 2409. **Fistula, Uterovaginal.**  
 2410. **Fistula, Uterovesical.**  
 2411. **Fistula, Vesicovaginal.**  
 2125. **Fistula. Otherwise unclassified.** State location.  
 2208. **Flagellate Infection, Intestinal.** State species.  
 1614. **Flat Foot.**  
 2710. **Fluorosis, Dental.**  
 1310. **Focal Infection.** State location. *Not to include INFECTION, FOCAL, TEETH (2717).*  
 1928. **Folliculitis.**  
 1929. **Folliculitis Decalvans.**  
 1330. **Food Infection.** State organism (if known) and food.  
 1303. **Food Intoxication, Botulism.**  
 1331. **Food Intoxication. Otherwise unclassified.** State organism (if known) and food.  
 1332. **Food Poisoning, Bacterial.** State food. *Food poisoning, allergic. Report as ALLERGY (2166).*  
 1311. **Foot-and-mouth Disease.**  
 2164. **Foreign Body, Nontraumatic.** State nature and location. *Not to include FOREIGN BODY, TRAUMATIC (2528).*  
 2528. **Foreign Body, Traumatic.** State location.  
 2529. **Fracture, Compound.** State bone or cartilage.  
 2531. **Fracture, Simple.** State bone or cartilage.  
 1616. **Fragilitas Ossium.**  
*Frambesia. Report as YAWS (1329).*  
 2532. **Frostbite.** State location.  
 2212. **Fungus Infection, Skin. Otherwise unclassified.** State location. *To include trichophytosis and epidermophytosis.*  
 716. **Funiculitis.**  
 1312. **Furuncle.** State location. *The word "multiple" may be used for numerous locations.*

**G**

*Gallstones. Report as CHOLELITHIASIS (329).*  
 1617. **Ganglion, Tendon Sheath.** State location.  
 1314. **Gangrene, Infective.** State location.  
 1808. **Gangrene, Lung.**

Navy diagnosis No.

2127. **Gangrene. Otherwise unclassified.** State cause (if known) and location.  
 1301. **Gas Bacillus Infection.** State organism (if known) and location. *Gases, effects of. Report as POISONING, ACUTE (2601), or POISONING, CHRONIC (2603).*  
 330. **Gastritis, Acute.**  
 386. **Gastritis, Chronic.**  
 331. **Gastroduodenitis.**  
 332. **Gastro-enteritis, Acute.** *Not to include FOOD INFECTION (1330), FOOD INTOXICATION (1331), FOOD POISONING, BACTERIAL (1332), or ALLERGY (2166).* *Gastro-enteritis, allergic. Report as ALLERGY (2166).*  
 387. **Gastro-enteritis, Chronic.**  
 333. **Gastroptosis.**  
 1618. **Genu Recurvatum.**  
 1619. **Genu Valgum.**  
 1620. **Genu Varum.**  
 806. **German Measles.**  
*Giardiasis. Report as FLAGELLATE INFECTION, INTESTINAL (2208).*  
 403. **Gigantism.**  
 2711. **Gingivitis, Heavy Metals.** State type.  
 2713. **Gingivitis, Vincent's.**  
 2712. **Gingivitis. Otherwise unclassified.** State type.  
 807. **Glanders.**  
*Glandular fever. Report as MONONUCLEOSIS, INFECTIOUS (115).*  
 2533. **Glass, Powdered, Injuries from Swallowing.**  
 626. **Glaucoma.**  
 2312. **Glioma.** State histologic type (if known) and location.  
 334. **Glossitis.**  
 2129. **Glycosuria.**  
 419. **Goiter, Adenomatous.**  
 408. **Goiter, Exophthalmic.**  
 407. **Goiter, Simple.**  
 1211. **Gonococcus Infection, Conjunctiva.**  
 1212. **Gonococcus Infection, Epididymis.**  
 1213. **Gonococcus Infection, Joint.**  
 1214. **Gonococcus Infection, Prostate.**  
 1215. **Gonococcus Infection, Urethra.**  
 1216. **Gonococcus Infection. Otherwise unclassified.** State location.  
 2130. **Gout, Acute.**  
 2110. **Gout, Chronic.**  
 112. **Granulocytopenia, Malignant.**  
 1241. **Granuloma Inguinale, Venereal.**  
*Gynecomastia. Report as FIBRO-ADENOMA, Male Breast (2336).*

## SECTION IV. ALPHABETICAL LISTING OF TITLES

*Alphabetical Listing of Titles—Continued*

- | Navy diag-<br>nosis No. | H   | Navy diag-<br>nosis No.   |
|-------------------------|---|---|
| 1621.                   | Hallux Valgus.  | 2133. Hemorrhage. <i>Otherwise unclassified.</i> State location. <i>Not to include</i> HEMORRHAGE, TRAUMATIC (2538, 2539, 2540, or 2541). |
| 1622.                   | Hallux Varus.   | 336. Hemorrhoids.   |
| 1623.                   | Hammertoe.  | 1811. Hemothorax.   |
|                         | <i>Harelip. Report as</i> DEFORMITY, CONGENITAL, Lip (2138).  | 388. Hepatitis, Acute.  |
| 1809.                   | Hay Fever.  | 389. Hepatitis, Chronic.  |
| 220.                    | Heart Disease, Congenital. State type.  | 1725. Hernia, Brain.  |
| 2534.                   | Heat Cramps.  | 2012. Hernia, Diaphragmatic.  |
| 2535.                   | Heat Exhaustion.  | 2001. Hernia, Epigastric.   |
| 2556.                   | Heat Stroke. <i>To include sunstroke.</i>   | 2002. Hernia, Femoral.  |
| 2301.                   | Hemangioma. State location. <i>Not to include</i> NEVUS (2341).   | 2004. Hernia, Inguinal, Direct. ( <i>Internal.</i> )  |
| 335.                    | Hematemesis.  | 2003. Hernia, Inguinal, Indirect. ( <i>External.</i> )  |
| 2536.                   | Hematocele, Traumatic, Tunica Vaginalis.  | 2014. Hernia, Intervertebral Disc.  |
| 717.                    | Hematocele, Tunica Vaginalis. <i>Not to include</i> HEMATOCELE, TRAUMATIC, TUNICA VAGINALIS (2536).   | 2005. Hernia, Ischiatic.  |
| 2134.                   | Hematocele. <i>Otherwise unclassified.</i> State location. <i>Not to include</i> HEMATOCELE, TRAUMATIC, TUNICA VAGINALIS (2536).            | 2006. Hernia, Ischiorectal.   |
| 2313.                   | Hematoma, Nontraumatic. State location. <i>Not to include</i> HEMATOMA, TRAUMATIC (2537), or HEMATOMA, SUBDURAL, CHRONIC, TRAUMATIC (2566). | 2007. Hernia, Lumbar.   |
| 2566.                   | Hematoma, Subdural, Chronic, Traumatic.   | 1812. Hernia, Lung.   |
| 2537.                   | Hematoma, Traumatic. State location.  | 1624. Hernia, muscle, fascia, tendon, or sheath. State location.  |
| 1716.                   | Hematomyelia.   | 2008. Hernia, Obturator.  |
| 1717.                   | Hematorachis.   | 2009. Hernia, Recurrent, After Operation. State type. <i>One of the types given in Class XX.</i>  |
| 2412.                   | Hematosalpinx.  | 2013. Hernia, Strangulated. State type. <i>One of the types given in Class XX.</i>  |
| 718.                    | Hematuria.  | 2571. Hernia, Traumatic. State location.  |
| 627.                    | Hemianopsia.  | 2010. Hernia, Umbilical.  |
| 1718.                   | Hemiplegia, Old.  | 2011. Hernia, Ventral.  |
| 2132.                   | Hemochromatosis.  | 1930. Herpes.   |
| 719.                    | Hemoglobinuria.   | 2714. Herpes, Oral.   |
| 106.                    | Hemophilia.   | 1931. Herpes Zoster.  |
| 1810.                   | Hemoptysis.   | <i>Herpes. Otherwise unclassified.</i> ( <i>See</i> 1930.)  |
| 1719.                   | Hemorrhage, Cerebellum.   | 1726. Hiccough.   |
| 1720.                   | Hemorrhage, Cerebral.   | 1315. Histoplasmosis.   |
| 1721.                   | Hemorrhage, Epidural.   | 1402. Hodgkin's Disease.  |
| 1722.                   | Hemorrhage, Medulla.  | 2213. Hookworm Disease.   |
| 1723.                   | Hemorrhage, Pons.   | 628. Hordeolum.   |
| 1724.                   | Hemorrhage, Subdural.   | 629. Hyalitis.  |
| 2538.                   | Hemorrhage, Traumatic, into Eye-ball.   | 2439. Hydatidiform Mole.  |
| 2539.                   | Hemorrhage, Traumatic, into Joint. State joint.   | 720. Hydrocele, Tunica Vaginalis.   |
| 2540.                   | Hemorrhage, Traumatic, under Conjunctiva.   | 2126. Hydrocele. <i>Otherwise unclassified.</i> State location.   |
| 2541.                   | Hemorrhage, Traumatic. <i>Otherwise unclassified.</i> State location.   | 1727. Hydrocephalus.  |
|                         |   | 721. Hydronephrosis.  |
|                         |   | 2715. Hypercementosis.  |
|                         |   | 337. Hyperchlorhydria.  |
|                         |   | 630. Hyperemia, Conjunctiva.  |
|                         |   | 1932. Hyperhidrosis.  |
|                         |   | 2315. Hypernephroma.  |
|                         |   | 632. Hyperopia.   |
|                         |   | 420. Hyperparathyroidism.   |
|                         |   | <i>Hyperpyrexia, induced. Report as</i> THERMIC FEVER, INDUCED (2558).  |
|                         |   | 208. Hypertension, Arterial.  |

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

*Alphabetical Listing of Titles—Continued*

Navy diag- nosis No.		Navy diag- nosis No.	
258.	Hypertensive Heart Disease.		<b>J</b>
409.	Hyperthyroidism. <i>Not to include</i> GOITER, EXOPHTHALMIC (408).	1328.	Jaundice, Acute, Infectious. <i>Epi- demic type other than Weil's disease.</i>
1625.	Hypertrophy, Bone. State location.	1316.	Jaundice, Epidemic, Weil's Dis- ease.
2413.	Hypertrophy, Cervix Uteri.	113.	Jaundice, Hemolytic. State whether acquired or familial.
2414.	Hypertrophy, Clitoris.	1615.	Joint, Internal Derangement of. State joint.
228.	Hypertrophy, Heart.		<b>K</b>
2415.	Hypertrophy, Vulva.		<i>Kala-azar.</i> (See 1003.)
338.	Hypochlorhydria.	1939.	Keloid. State location.
421.	Hypoparathyroidism.	638.	Keratitis.
422.	Hypopituitarism.	675.	Keratoconjunctivitis, Epidemic.
633.	Hypopyon.	639.	Keratoconus.
761.	Hypospasia.	1940.	Keratoderma.
259.	Hypotension, Arterial.	640.	Kerato-iritis.
410.	Hypothyroidism.	641.	Keratomalacia.
	<b>I</b>	1941.	Keratoses.
1933.	Ichthyosis. <i>Idiocy. Report as MENTAL DEFICI- ENCY (1581).</i> <i>Imbecility. Report as MENTAL DE- FICIENCY (1581).</i>	2545.	Killed in Action, Details Not Known.
2585.	Immersion Foot. <i>Impacted feces. Report as OB- STRUCTION, INTESTINAL, FROM INTERNAL CAUSES (342).</i>	2590.	Killed or Died While Prisoner of War.
1934.	Impetigo Contagiosa.		<b>L</b>
1935.	Impetigo Herpetiformis.	545.	Labyrinthitis.
1936.	Impetigo. <i>Otherwise unclassified.</i> State variety.	2440.	Laceration of Cervix.
722.	Impotence.	2214.	Larva Migrans.
723.	Incontinence, Urine. <i>Not to in- clude ENURESIS (1573).</i>	821.	Laryngitis, Acute.
2135.	Infarction. State location.	512.	Laryngitis, Chronic.
2716.	Infection, Dental, Residual.	1003.	Leishmaniasis. State type. ( <i>Kala- azar, oriental sore, and espun- dia.</i> )
2717.	Infection, Focal, Teeth.	1626.	Leontiasis Ossea.
2718.	Infection, Vincent's, Oral, Gen- eralized.	1317.	Leprosy.
339.	Inflammation, Salivary Gland. <i>Inflammation, spermatic cord. Re- port as FUNICULITIS (716).</i>	107.	Leukemia, Acute. State type.
808.	Influenza. <i>Not to include influen- zal pneumonia.</i>	114.	Leukemia, Chronic. State type. <i>Leukoderma. Report as VITILIGO (1969).</i>
1937.	Ingrowing Nail.	1943.	Leukoplakia. ( <i>Leukokeratosis.</i> )
2542.	Injuries, Multiple, Extreme.	2416.	Leukorrhea.
2589.	Injuries, Type Unknown.	1944.	Lichen Planus.
634.	Insufficiency, Ocular Muscle.	1945.	Lichen Ruber.
1938.	Intertrigo. <i>Intussusception. Report as OB- STRUCTION, INTESTINAL, FROM EXTERNAL CAUSES (341).</i>	1946.	Lichen. <i>Otherwise unclassified.</i> State variety.
2543.	Intracranial Injury.	2137.	Lipemia.
2544.	Intraspinal Injury.	2316.	Lipoma. State location.
635.	Iridochoiriditis.	1020.	Loiasis. ( <i>Calabar swellings.</i> )
636.	Iridocyclitis.	1627.	Loose Body in Joint. State joint.
2580.	Iridodialysis.	1628.	Loss of Substance of Bone (or Cartilage). State location. <i>Lumbago. Report as MYOSITIS (1631 or 1654).</i>
637.	Iritis.	1947.	Lupus Erythematosus. <i>Lupus vulgaris. Report as TUBER- CULOSIS, Skin (1146).</i>
390.	Irritable Colon.	1403.	Lymphadenitis. State location. <i>Not to include BUBO, INGUINAL, NONVENEREAL (1400).</i>

## SECTION IV. ALPHABETICAL LISTING OF TITLES

*Alphabetical Listing of Titles—Continued*

- | Navy diag-<br>nosis No.  | Navy diag-<br>nosis No.   |
|--|---|
| 1404. <b>Lymphangiectasis.</b> State location.   | 115. <b>Mononucleosis, Infectious.</b> ( <i>Glandular fever.</i> )                        |
| 2317. <b>Lymphangioma.</b> State location.   | <i>Moron. Report as MENTAL DEFICIENCY</i> (1581).   |
| 1405. <b>Lymphangitis.</b> State location.   | <i>Morphinism. Report as DRUG ADDICTION</i> (2171).                                       |
| 1231. <b>Lymphogranuloma Venereum.</b>   | 2151. <b>Motion Sickness.</b> <i>To include airsickness and seasickness.</i>              |
| 2318. <b>Lymphoma.</b> State location. <i>Not to include LYMPHOSARCOMA</i> (2337).                             | 2215. <b>Mucormycosis.</b>  |
| 2337. <b>Lymphosarcoma.</b> State location.  | 810. <b>Mumps.</b>  |
| <b>M</b>   | 514. <b>Mutism.</b>   |
| 1030. <b>Malaria, Benign Tertian.</b>  | 1736. <b>Myasthenia Gravis</b>  |
| 1017. <b>Malaria, Induced.</b> State type.   | 2216. <b>Mycetoma.</b>  |
| 1031. <b>Malaria, Malignant Tertian.</b>   | 2217. <b>Mycosis Fungoides.</b>   |
| 1033. <b>Malaria, Mixed.</b>   | 1737. <b>Myelitis, Disseminated.</b>  |
| 1032. <b>Malaria, Quartan.</b>   | 1738. <b>Myelitis, Transverse.</b>  |
| 1034. <b>Malaria, Unspecified.</b> <i>If induced see 1017.</i>   | 2319. <b>Myeloma, Multiple.</b>   |
| 2441. <b>Malformation of Uterus.</b>   | 2218. <b>Myiasis.</b>   |
| 2139. <b>Malingering.</b> ( <i>See par. 2316.4.</i> )  | 260. <b>Myocarditis, Acute.</b>   |
| 1629. <b>Mallet Finger.</b>  | 230. <b>Myocarditis, Chronic.</b>   |
| 2140. <b>Malnutrition.</b>   | 2320. <b>Myoma.</b> State location.   |
| 2719. <b>Malocclusion.</b> State type using Angle's classification.  | 642. <b>Myopia.</b>   |
| 2720. <b>Malposition, Teeth (or Tooth).</b> <i>Malta fever. Report as UNDULANT FEVER</i> (1326).               | 1631. <b>Myositis, Acute.</b> State location.   |
| 2417. <b>Mastitis, Acute.</b>  | 1654. <b>Myositis, Chronic.</b> State location.   |
| 2418. <b>Mastitis, Chronic.</b>  | 1632. <b>Myositis, Progressive Ossifying.</b>   |
| 2162. <b>Mastitis, Male, Acute.</b>  | 1633. <b>Myositis, Traumatic, Ossifying.</b> State location.                              |
| 2128. <b>Mastitis, Male, Chronic.</b>  | 1634. <b>Myotonia Congenita.</b>  |
| 513. <b>Mastoiditis, Acute.</b>  | 515. <b>Myringitis, Acute.</b>  |
| 528. <b>Mastoiditis, Chronic.</b>  | 542. <b>Myringitis, Chronic.</b>  |
| 809. <b>Measles.</b>   | 411. <b>Myxedema.</b>   |
| 1313. <b>Mediastinitis.</b>  | 2321. <b>Myxoma.</b> State location.  |
| 229. <b>Mediastinopericarditis.</b>  | <b>N</b>  |
| 1948. <b>Melanoderma.</b>  | 1740. <b>Narcolepsy.</b> <i>Nausea marina. Report as MOTION SICKNESS</i> (2151).          |
| 2338. <b>Melanoma.</b> State location.   | 2142. <b>Necrosis.</b> State location.  |
| 1731. <b>Meniere's Disease.</b>  | 724. <b>Nephralgia.</b>   |
| 2339. <b>Meningioma.</b>   | 725. <b>Nephritis, Acute.</b>   |
| 1732. <b>Meningitis, Cerebral.</b>   | 753. <b>Nephritis, Chronic.</b> <i>Nephrolithiasis. Report as CALCULUS, Kidney</i> (749). |
| 1733. <b>Meningitis, Cerebrospinal, Acute.</b> <i>Not to include CEREBROSPINAL FEVER, MENINGOCOCCIC</i> (802). | 726. <b>Nephroptosis.</b>   |
| 1734. <b>Meningitis, Cerebrospinal, Chronic.</b>   | 760. <b>Nephrosis.</b>  |
| 2419. <b>Menopause.</b>  | 1739. <b>Neuralgia.</b>   |
| 2420. <b>Menorrhagia.</b>  | 1742. <b>Neuritis.</b> State nerve.   |
| 1581. <b>Mental Deficiency.</b>  | 1741. <b>Neuritis, Multiple.</b>  |
| 1630. <b>Metatarsalgia.</b>  | 643. <b>Neuritis, Optic.</b>  |
| 2421. <b>Metritis, Acute.</b>  | 2340. <b>Neuroblastoma.</b> State location.   |
| 2422. <b>Metritis, Chronic.</b>  | 262. <b>Neurocirculatory Asthenia.</b> ( <i>Erfort syndrome.</i> )                        |
| 2423. <b>Metrorrhagia.</b>   | 2322. <b>Neuroma.</b> State location.   |
| 1735. <b>Migraine.</b>   | 644. <b>Neuroretinitis.</b>   |
| 2141. <b>Mikulicz's Disease.</b> <i>Miliaria. Report as PRICKLY HEAT</i> (1956).                               | 1224. <b>Neurosyphilis, Serological.</b>  |
| 1318. <b>Miliary Fever.</b>  | 2341. <b>Nevus.</b> State location.   |
| 1949. <b>Milium.</b>   | 645. <b>Night Blindness.</b>  |
| 1950. <b>Molluscum Contagiosum.</b>  |   |

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

*Alphabetical Listing of Titles—Continued*

Navy diag- nosis No.		Navy diag- nosis No.	
2143.	No Disease. State reason for taking up on sick list. ( <i>See par. 2316.5.</i> ) <i>Noma. Report as STOMATITIS, GANGRENOUS (366).</i>	1638.	Osteomalacia.
646.	Nystagnus.	1639.	Osteomyelitis. State location.
O		—xy.	Other diseases of this class. State title. For definite clinical entities having generally accepted titles but not included in this nomenclature. Give class number in Arabic numerals preceding "xy." It shall not be used for disabilities which can be reported correctly under any other title appearing in this nomenclature. ( <i>See par. 2316.2.</i> )
2144.	Obesity. If of endocrine origin report as HYPOTHYROIDISM (410), ENDOCRINOPATHY (406), etc.	25xy.	Other injuries of this class. State title.
395.	Obstruction, Biliary.	26xy.	Other poisonings of this class. State title.
341.	Obstruction, Intestinal, from External Causes. ( <i>Angulations, kinks, adhesions, volvulus, intussusception.</i> )	518.	Otitis Externa.
342.	Obstruction, Intestinal, from Internal Causes. ( <i>Stricture, gallstones, enteroliths, foreign bodies, fecal masses.</i> )	519.	Otitis Interna.
343.	Obstruction, Intestinal, from Spastic or Paralytic Causes. ( <i>After injuries, operations, peritonitis.</i> )	520.	Otitis Media, Acute. Not to include AERO-OTITIS, MEDIA (546).
344.	Obstruction, Intestinal. Otherwise unclassified.	543.	Otitis Media, Chronic. Not to include AERO-OTITIS, MEDIA (546).
345.	Obstruction, Pancreatic Duct.	521.	Otosclerosis.
2145.	Ochronosis.	2220.	Oxyuriasis.
2721.	Odontalgia. ( <i>Toothache.</i> )	522.	Ozena.
2513.	Odontoclasia.	P	
2323.	Odontoma.	1746.	Pachymeningitis, Cerebral.
2722.	Odontorrhagia.	1747.	Pachymeningitis, Spinal.
1016.	Onchocerciasis.		<i>Palpitation, cardiac. Report as CARDIAC DISORDER, FUNCTIONAL (216).</i>
1952.	Onychauxis.	346.	Pancreatitis, Acute.
1953.	Onychia.	391.	Pancreatitis, Chronic.
2324.	Onychoma.	651.	Panophthalmitis.
2424.	Oophoritis, Acute.	523.	Pansinusitis.
2442.	Oophoritis, Chronic.	652.	Papillitis. To include papilledema or choked disc.
647.	Opacity, Cornea.	2326.	Papilloma. State location.
648.	Opacity, Vitreous Humor.		<i>Pappataci fever. Report as SAND-FLY FEVER (1005).</i>
2569.	Ophthalmia, Actinic Rays.	2723.	Paradentosis. ( <i>Pyorrhea.</i> )
649.	Ophthalmia, Sympathetic. Not to include OPHTHALMIA, ACTINIC RAYS (2569).	2221.	Paragonimiasis.
650.	Ophthalmoplegia.	1748.	Paralysis Agitans.
727.	Orchitis, Acute, Nonvenereal.	1749.	Paralysis, Ascending, Acute.
754.	Orchitis, Chronic, Nonvenereal. Oriental sore. ( <i>See 1003.</i> ) <i>Oroya fever. Report as BARTONNELLOSIS (1014).</i>	1750.	Paralysis, Brown-Sequard's.
1635.	Osgood-Schlatter Disease.	1640.	Paralysis, Muscle, Ischemic. State muscle.
2146.	Ossification. State location.	653.	Paralysis, Ocular Muscle.
1636.	Osteitis Deformans. ( <i>Paget's disease.</i> )	524.	Paralysis, Vocal Cords.
1655.	Osteitis Fibrosa Cystica.	1751.	Paralysis. Otherwise unclassified. State nerve.
1637.	Osteo-arthropathy, Hypertrophic.	2443.	Parametritis.
1656.	Osteochondritis Deformans. ( <i>Perthes' or Legg's disease.</i> )	1752.	Paramyoclonus Multiplex.
1657.	Osteochondritis Dissecans.	1523.	Paranoia.
2345.	Osteochondroma. State location.	1524.	Paranoid State.
2342.	Osteochondromatosis.	728.	Paraphimosi.
2325.	Osteoma. State location.	1753.	Paraplegia, Ataxic.
		2239.	Parasite Infestation. Otherwise unclassified. State parasite.

## SECTION IV. ALPHABETICAL LISTING OF TITLES

*Alphabetical Listing of Titles—Continued*

Navy diag- nosis No.		Navy diag- nosis No.	
903.	Paratyphoid Fever. State type if known. <i>Paresis. Report as DEMENTIA PARALYTICA (1504).</i>	826.	Pneumonia, Primary, Atypical, Etiology Unknown.
307.	Parotitis. <i>Not to include MUMPS (810).</i>	1830.	Pneumonitis, Acute.
2724.	Parulis.	1825.	Pneumonitis, Chronic, Nontuberculous.
1564.	Pathologic Sexuality.	233.	Pneumopericardium.
2222.	Pediculosis. State location.	234.	Pneumopyopericardium.
2147.	Pellagra.	1818.	Pneumopyothorax.
1954.	Pemphigus.	1819.	Pneumothorax.
525.	Perforated Nasal Septum.	2601.	Poisoning, Acute. State substance.
231.	Pericarditis, Acute.	2602.	Poisoning, Anesthesia. State anesthetic.
248.	Pericarditis, Chronic.	2603.	Poisoning, Chronic. State substance.
1641.	Perichondritis. State location.		<i>Poisoning, ethyl alcohol. Report as ALCOHOLISM (2106).</i>
347.	Perihepatitis.		<i>Poisoning, food, allergic. Report as ALLERGY (2166).</i>
2725.	Periodontitis.		<i>Poisoning, food, bacterial. Report as FOOD INFECTION (1330), FOOD INTOXICATION (1331), or FOOD POISONING, BACTERIAL (1332).</i>
1642.	Periostitis, Acute. State bone. <i>Not to include PERIOSTITIS, TRAUMATIC (2546).</i>	2608.	Poisoning, Prophylactic (or Suppressive). State compound used and for what purpose.
1658.	Periostitis, Chronic. State bone. <i>Not to include PERIOSTITIS, TRAUMATIC (2546).</i>	2604.	Poisoning, Therapeutic, Acute. State compound used, disability treated, and manifestation. ( <i>See par. 2319.</i> )
2546.	Periostitis, Traumatic. State bone.	2605.	Poisoning, Therapeutic, Chronic. State compound used, disability treated, and manifestation. ( <i>See par. 2319.</i> )
412.	Perisplenitis.		<i>Poisoning, toadstool (mushroom). Report as POISONING, ACUTE, Toadstool (2601).</i>
348.	Peritonitis, General, Acute.	2606.	Poisoning, Venom. State fish, insect, snake, etc.
349.	Peritonitis, General, Chronic.	813.	Poliomyelitis, Anterior, Acute.
350.	Peritonitis, Local, Acute.	1758.	Poliomyelitis, Anterior, Chronic.
351.	Peritonitis, Local, Chronic.	108.	Polycythemia Vera.
2726.	Perleche.	527.	Polypus, Nasal.
413.	Persistent Thymus Gland.	2103.	Polypus. <i>Otherwise unclassified.</i> State location.
1561.	Personality Disorder.	2435.	Pregnancy. State type.
1650.	Pes Cavus. <i>Pes planus. Report as FLAT FOOT (1614).</i>	654.	Presbyopia.
822.	Pharyngitis, Acute.	1956.	Prickly Heat. ( <i>Miliaria rubra.</i> )
526.	Pharyngitis, Chronic.	353.	Proctalgia.
729.	Phimosi.	354.	Proctitis.
232.	Phlebitis. State location.	355.	Prolapse, Rectum.
2223.	Piedra. <i>Pilonidal cyst. Report as CYST, TERATOMA (2334 or 2335).</i>	2425.	Prolapse, Uterus. <i>Prostate, hypertrophy of. Report as ENLARGEMENT, PROSTATE (710).</i>
2224.	Pinta.	730.	Prostatitis, Acute, Nonvenereal.
1955.	Pityriasis Rosea. <i>Pityriasis simplex. Report as DERMATITIS SEBORRHEICA (1915).</i>	755.	Prostatitis, Chronic, Nonvenereal.
2225.	Pityriasis Versicolor.	1957.	Prurigo.
1006.	Plague. State whether bubonic, pneumonic, or septicemic.	1958.	Pruritus. State location.
1813.	Pleurisy, Fibrinous, Acute.	1307.	Psittacosis.
1828.	Pleurisy, Fibrinous, Chronic.	1959.	Psoriasis.
1814.	Pleurisy, Serofibrinous.	1541.	Psychoneurosis, Anxiety.
1815.	Pleurisy, Suppurative.	1542.	Psychoneurosis, Hysteria.
1817.	Pneumoconiosis. <i>Otherwise unclassified. Not to include ANTHRACOSIS (1826) or SILICOSIS (1831).</i>		
811.	Pneumonia, Broncho-.		
1816.	Pneumonia, Chronic, Interstitial.		
1829.	Pneumonia, Hypostatic.		
812.	Pneumonia, Lobar.		

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

*Alphabetical Listing of Titles—Continued*

Navy diag- nosis No.		Navy diag- nosis No.	
1544.	Psychoneurosis, Neurasthenia.	1007.	Relapsing Fever.
1543.	Psychoneurosis, Obsessive-compulsive.	2426.	Relaxation, Pelvic Floor.
1545.	Psychoneurosis. <i>Otherwise unclassified.</i>	656.	Retinitis.
1511.	Psychosis, Alcoholic.	1322.	Rheumatic Fever.
1512.	Psychosis, Drug. State drug.	1643.	Rheumatism, Muscular.
1514.	Psychosis, Epileptic.	823.	Rhinitis, Acute.
1513.	Psychosis. <i>Other exogenous toxins.</i> State toxin.	529.	Rhinitis, Atrophic.
1521.	Psychosis, Manic-depressive.	530.	Rhinitis, Hypertrophic.
1517.	Psychosis, Senile.	531.	Rhinolith.
1515.	Psychosis, Traumatic.	532.	Rhinoscleroma.
1501.	Psychosis with Infectious Disease. State disease.	2148.	Rickets.
1502.	Psychosis with Meningovascular Syphilis.	1038.	Rickettsial Diseases, Miscellaneous. ("Q" fever, boutonneuse fever, São Paulo typhus, South African tick-bite fever, and other rickettsial diseases.)
1526.	Psychosis with Mental Deficiency.		<i>Ringworm. Report as FUNGUS INFECTION, SKIN (2212).</i>
1516.	Psychosis with Organic Brain Disease.	1008.	Rocky Mountain Spotted Fever. ( <i>Tick-borne.</i> )
1525.	Psychosis with Psychopathic Inferiority.	359.	Rumination.
1518.	Psychosis with Other Somatic Disease. State disease.	2149.	Rupture, Nontraumatic. State organ or part. <i>Not to be used for hernia or ruptured peptic ulcer. Not to include RUPTURE, TRAUMATIC (2548), or RUPTURE OF GRAAFIAN FOLLICLE (2445).</i>
1503.	Psychosis with Tabes Dorsalis.	2445.	Rupture of Graafian Follicle.
1527.	Psychosis. <i>Otherwise unclassified.</i>	2548.	Rupture, Traumatic. State organ or part. <i>Not to include HERNIA, TRAUMATIC (2571).</i>
655.	Pterygium.		<b>S</b>
631.	Ptosis, Eyelid. State cause if known.	2427.	Salpingitis, Acute.
2727.	Pulpitis.	2428.	Salpingitis, Chronic.
109.	Purpura Hemorrhagica.	533.	Salpingitis, Eustachian, Acute.
110.	Purpura Rheumatica.	544.	Salpingitis, Eustachian, Chronic.
111.	Purpura Simplex.	1005.	Sandfly Fever. State type.
731.	Pyelitis, Acute.		<i>São Paulo typhus. (See 1038.)</i>
756.	Pyelitis, Chronic.	2327.	Sarcoma. <i>Otherwise unclassified.</i> State histologic type (if known) and location. <i>To include all malignant tumors of connective tissue origin not otherwise classified.</i>
732.	Pyelonephritis.	2227.	Scabies.
1319.	Pyemia. State organism if known.	814.	Scarlet Fever.
235.	Pylephlebitis.	2229.	Schistosomiasis, Intestinal.
356.	Pyloric Incontinence.	2228.	Schistosomiasis Japonicum, Biliary.
357.	Pylorospasm.	2230.	Schistosomiasis, Urinary.
759.	Pyonephrosis.	1522.	Schizophrenia. ( <i>Dementia praecox.</i> )
	<i>Pyorrhea alveolaris. Report as PARADENTOSIS (2723).</i>	1562.	Schizoid Personality.
			<i>Sciatica. Report as NEURITIS, SCIATIC (1742).</i>
	<b>Q</b>	657.	Scleritis.
	"Q" fever. ( <i>See 1038.</i> )	1960.	Scleroderma.
		1757.	Sclerosis, Amyotrophic Lateral.
	<b>R</b>	1706.	Sclerosis, Combined.
1320.	Rabies.	735.	Sclerosis, Corpus Cavernosum.
2547.	Radioactive Bodies, Effects of. State compound. <i>Not to include BURN, RADIUM (2506).</i>	1755.	Sclerosis, Disseminated.
	<i>Ranula. Report as CYST, RETENTION (2306).</i>		
1321.	Rat-bite Fever.		
1754.	Raynaud's Disease.		
1531.	Reactive Depression.		
2444.	Rectocele.		
733.	Redundant Prepuce.		
734.	Redundant Scrotum.		
358.	Regurgitation from Stomach.		



PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

*Alphabetical Listing of Titles—Continued*

Navy diag- nosis No.		Navy diag- nosis No.	
2236.	Thrush.	1146.	Tuberculosis. <i>Otherwise unclassified. Tuberculous pneumonia, acute miliary tuberculosis, tracheobronchial tuberculosis, tuberculous pleuritis, and extrapulmonary tuberculosis.</i> State location.
416.	Thyroiditis, Acute.	1011.	Tularemia.
418.	Thyroiditis, Chronic.	2331.	Tumor, Mixed, Activity Unknown. State location.
2559.	Tinnitus Aurium, Traumatic.	2329.	Tumor, Mixed, Benign. State location.
818.	Tonsillitis, Acute.	2330.	Tumor, Mixed, Malignant. State location.
540.	Tonsillitis, Chronic.	2226.	Tungiasis.
2728.	Tooth, Impacted. State number of tooth and type of impaction.	904.	Typhoid Fever.
2729.	Tooth, Unerupted. State number of tooth and condition.	1035.	Typhus, Endemic. ( <i>Flea-borne</i> ) ( <i>Murine</i> ).
2156.	Torsion, Nontraumatic. State location.	1036.	Typhus, Epidemic. ( <i>Louse-borne</i> ) ( <i>Classical</i> ).
2560.	Torsion, Traumatic. State organ or part.	1037.	Typhus, Scrub. ( <i>Mite-borne</i> ) ( <i>Tsutsugamushi disease</i> ).
	<i>Torticollis. Report as MYOSITIS (1631 or 1654).</i>		U
1325.	Toxemia, Bacterial.	744.	Ulcer, Bladder.
2446.	Toxemia of Pregnancy. State type.	667.	Ulcer, Cornea.
824.	Tracheitis, Acute.	1965.	Ulcer, Decubital.
1823.	Tracheitis, Chronic.	371.	Ulcer, Duodenum.
825.	Tracheobronchitis, Acute.	392.	Ulcer, Duodenum, Perforated.
1832.	Tracheobronchitis, Chronic.	372.	Ulcer, Intestine.
1824.	Tracheocele.	373.	Ulcer, Mouth.
665.	Trachoma.	541.	Ulcer, Nasal Passage.
1009.	Trench Fever.	374.	Ulcer, Rectum.
240.	Trench Foot.	1966.	Ulcer, Skin. State location.
666.	Trichiasis.	375.	Ulcer, Stomach.
2238.	Trichinosis. ( <i>Trichiniasis</i> ).	393.	Ulcer, Stomach, Perforated.
	<i>Trichomoniasis. Report as FLAGELLATE INFECTION, INTESTINAL (2208).</i>	261.	Ulcer, Varicose. State location.
	<i>Trichophytosis. Report as FUNGUS INFECTION, SKIN (2212).</i>	2157.	Ulcer. <i>Otherwise unclassified.</i> State location.
2210.	Trichuriasis.		<i>Uncinariasis. Report as HOOKWORM DISEASE (2213).</i>
1648.	Trigger Finger.	1326.	Undulant Fever.
1010.	Trypanosomiasis. State type. ( <i>African and American (Chagas' disease).</i> )	2581.	Union of Fracture, Faulty. ( <i>Mal-, delayed, fibrous, or non-union.</i> ) State bone or cartilage.
	<i>Tsutsugamushi disease. (Japanese river fever.) Report as TYPHUS, SCRUB (1037).</i>	745.	Ureteral Colic.
1101.	Tuberculosis, Pulmonary, Primary, Active.	746.	Ureteritis.
1112.	Tuberculosis, Pulmonary, Primary, Apparently Healed.	762.	Ureterocele.
1125.	Tuberculosis, Pulmonary, Reinfection, Active, Far-advanced.	2561.	Urethral Fever, Traumatic.
1123.	Tuberculosis, Pulmonary, Reinfection, Active, Minimal.	747.	Urethritis, Acute, Nonvenereal.
1124.	Tuberculosis, Pulmonary, Reinfection, Active, Moderately Advanced.	748.	Urethritis, Chronic, Nonvenereal.
1135.	Tuberculosis, Pulmonary, Reinfection, Arrested, Far-advanced.	1967.	Urticaria. ( <i>Allergic.</i> )
1133.	Tuberculosis, Pulmonary, Reinfection, Arrested, Minimal.	1968.	Urticaria Pigmentosa.
1134.	Tuberculosis, Pulmonary, Reinfection, Arrested, Moderately Advanced.	616.	Uveitis.
			V
		1327.	Vaccina.
		2431.	Vaginitis, Nonvenereal.
		243.	Valvular Heart Disease, Aortic and Mitral.

## SECTION V. NOMENCLATURE OF SURGICAL OPERATIONS

*Alphabetical Listing of Titles—Continued*

Navy diagnosis No.	Navy diagnosis No.
241. Valvular Heart Disease, Aortic Insufficiency.	816. Whooping Cough.
242. Valvular Heart Disease, Aortic Stenosis.	2584. Wound, Fragment. State whether bomb or shell (if known), and location.
244. Valvular Heart Disease, Mitral Insufficiency.	2576. Wound, Gunshot. State location.
245. Valvular Heart Disease, Mitral Stenosis.	2562. Wound, Incised. State location.
246. Valvular Heart Disease, Pulmonic.	2577. Wound, Infected. State organism (if known) and location. <i>Not to include GAS BACILLUS INFECTION (1301).</i>
247. Valvular Heart Disease, Tricuspid.	2563. Wound, Lacerated. State location.
758. Varicocele.	2565. Wound, Punctured. State location.
249. Varicose Veins. State location.	2564. Wounds, Multiple.
2314. Verruca Acuminata, Nonvenereal. <i>Verruca peruana. Report as BARTONELLOSI (1014).</i>	
2158. Vertigo.	
<i>Visceroptosis. Report as SPLANCHNOPTOSIS (362).</i>	X
1969. Vitiligo.	2307. Xanthoma. State location.
<i>Volvulus. Report as OBSTRUCTION, INTESTINAL, FROM EXTERNAL CAUSES (341).</i>	1970. Xeroderma Pigmentosa.
376. Vomiting.	668. Xerophthalmia.
2432. Vulvitis, Nonvenereal.	377. Xerostomia.
	2567. X-ray, Effects of. State manifestation. <i>Not to include BURN, X-RAY (2507).</i>
W	
2607. War Gas. State gas and effects.	Y
2309. Wart.	
<i>Wen. Report as CYST, RETENTION (2306).</i>	1329. Yaws. ( <i>Frambesia</i> .)
	1013. Yellow Fever.

## SECTION V. NOMENCLATURE OF SURGICAL OPERATIONS

A	Bone Graft, Autogenous.
Abscess, Incision and Drainage of.	Bone Graft. <i>Otherwise unclassified.</i> State source of bone.
Adenoidectomy.	Bone, Refractured and Set for Faulty Union.
Advancement of Eye Muscle.	Bone, Resection of.
Alveolectomy.	Brain Cyst, Excision.
Amputation. <i>All or in part.</i> State part.	Brain, Operations on. <i>Otherwise unclassified.</i> State type.
Aneurysm, Operation on. State method.	Breaking Up of Adhesions.
Apicoectomy.	Bronchoscopy.
Aponeurosis, Division.	
Aponeurosis, Excision.	C
Appendectomy.	Calculus, Removal of. <i>Otherwise unclassified.</i>
Appendectomy with Drainage.	Canthoplasty.
Arteriorrhaphy.	Canthotomy.
Arteriotomy.	Capsulorrhaphy.
Artery, Ligation of.	Cardiorrhaphy.
Arthrectomy, Complete.	Cataract, Discission.
Arthrectomy, Incomplete.	Cataract, Extraction.
Arthroclasia.	Cataract, Needling.
Arthrodesis.	Cauterization.
Arthroplasty.	Cecectomy.
Arthrotomy.	Cecostomy.
Aspiration.	Chalazion Operation.
Aspiration and Injection.	Cholecystectomy.
Autoplasty.	Cholecystectomy and Appendectomy.
B	
Biopsy of. State tissue.	
Blood Vessels, Operations On. <i>Otherwise unclassified.</i> State type.	

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

*Nomenclature of Surgical Operations—Continued*

Cholecystostomy.  
Choledochoduodenostomy.  
Choledocholithotomy.  
Choledochoplasty.  
Choledochostomy.  
Choledochotomy.  
Cholegastrostomy.  
Chondrectomy.  
Chondrotomy.  
Circumcision.  
Cisternal Puncture.  
Coccygectomy.  
Colectomy.  
Colostomy.  
Colotomy.  
Conjunctival Keratoplasty.  
Craniotomy.  
Curettage.  
Cystectomy, Complete.  
Cystectomy, Partial.  
Cystorrhaphy.  
Cystoscopy.  
Cystostomy, Perineal.  
Cystostomy, Suprapubic.  
Cystotomy, Perineal.  
Cystotomy, Suprapubic.  
Cystotomy, Transperitoneal.

## D

Debridement.  
Decompression. State type and location.  
Dental Operation. *Otherwise unclassified.*  
State type.  
Depressed Fragments, Elevation of.  
Dilatation.  
Dorsal Slit.  
Drainage.  
Duodenotomy.  
Duodenogastrectomy.

## E

Embolectomy.  
Encephalography.  
Enterocolostomy.  
Entero-enterostomy.  
Enterorrhaphy.  
Enterostomy.  
Enterotomy.  
Enucleation, Simple.  
Enucleation with Implantation.  
Epididymectomy.  
Epididymotomy.  
Epilation.  
Esophagocopy.  
Esophagostomy.  
Esophagotomy.  
Esophagus, Dilatation of.  
Ethmoidectomy.  
Excision. *Otherwise unclassified.*  
Excision and Drainage. *Otherwise unclassified.*  
Exostosis, Removal of.  
Exploratory Incision. State location.

Exploratory Laparotomy.  
Extraction, Tooth, Impacted.  
Extraction, Tooth, Simple.  
Extraction, Tooth, Unerupted.  
Eye, Evisceration of.  
Eye Operations. *Otherwise unclassified.*  
State type.

## F

Fasciotomy.  
Fixation of Spine, Operation for. State method.  
Foreign Body, Removal of. State location.  
Fracture, Treatment of:  
Closed Reduction.  
Closed Reduction with Traction. State type of traction.  
Open Reduction without Fixation.  
Open Reduction, Fixation with:  
Absorbable Material.  
Nonabsorbable Material.  
Fracture, Removal of Fragments.  
Frenulectomy.

## G

Gastrectomy, Complete.  
Gastrectomy, Partial.  
Gastro-enterostomy.  
Gastro-entrostomy and Appendectomy.  
Gastrorrhaphy.  
Gastroscopy.  
Gastrostomy.  
Gingivectomy.  
Glaucoma, Operation for.  
Glossectomy, Complete.  
Glossectomy, Partial.

## H

Heart, Operation on. *Otherwise unclassified.* State type.  
Hemorrhoids, Clamp and Cautery.  
Hemorrhoids, Ligation.  
Hemorrhoids, Operation for. *Otherwise unclassified.* State type.  
Hemorrhoids, Injection of.  
Hernia, Injection Treatment of.  
Hernia; Repair of.  
Hernia, Strangulated, Reduction of.  
*Without incision.*  
Herniotomy and Appendectomy.  
Hydrocele, Repair of.  
Hypodermoclysis.  
Hysterectomy. State whether complete or partial.

## I

Ileostomy.  
Incision.  
Incision and Curettement.  
Incision and Drainage.  
Infusion, Intravenous (or Intraperitoneal).  
Intestinal Resection.

## SECTION.V. NOMENCLATURE OF SURGICAL OPERATIONS

*Nomenclature of Surgical Operations—Continued*

Intestines, Operation on. *Otherwise unclassified.* State type.

Intubation.

Intussusception, Reduction of.

Iridectomy.

Iridotomy.

## J

Jejunostomy.

Joint Dislocation:

Closed Reduction.

Open Reduction.

## L

Lacrimal Sac, Exploration of.

Laminectomy.

Laryngectomy.

Laryngoscopy, Direct. *With laryngoscope.*

Laryngotomy.

Litholapaxy.

Liver, Operation on. *Otherwise unclassified.* State type.

Lobectomy. State whether partial or complete.

Lumbar Puncture. Report as spinal puncture.

Lungs, Operation on. *Otherwise unclassified.* State type.

## M

Magnet Extraction.

Manipulation.

Mastectomy. State whether partial, complete, or radical.

Mastoidectomy.

Mastoidotomy with Drainage.

Meckel's Diverticulum, Excision of.

Meatotomy.

Myectomy.

Myorrhaphy.

Myotomy.

Myringotomy.

## N

Nephrectomy.

Nephrolithotomy.

Nephropexy.

Nephrorrhaphy.

Nerve Stretching.

Neurectomy.

Neurolysis.

Neuroplasty.

Neurorrhaphy.

Neurotomy.

Nose, Operation on. *Otherwise unclassified.* State type.

## O

Oophorectomy.

Operation. *Not listed.* State type and location.

Operation, Undoing of. State primary operation.

Operative Wound, Exploration of.

Orchidectomy.

Orchidopexy.

Orchidotomy.

Osteoplasty.

Osteotomy.

## P

Pancreas, Operation on. State type.

Paracentesis. *Otherwise unclassified.* State location.

Pericardiorrhaphy.

Pericardiotomy.

Pericardium, Operation on. *Otherwise unclassified.* State type.

Perineorrhaphy.

Peritoneoscopy.

Pharyngotomy.

Phlebectomy.

Phlebotomy.

Phrenicectomy.

Plastic Dressing, Application of.

Plastic Repair.

Pleurotomy.

Plication.

Pneumectomy.

Pneumolysis. State whether internal or external.

Pneumonectomy.

Pneumoperitoneum, Artificial.

Pneumorrhaphy.

Pneumothorax, Artificial.

Pneumotomy.

Proctectomy.

Proctoscopy.

Prostatectomy, Perineal.

Prostatectomy, Suprapubic.

Prostatotomy.

Pterygium, Operation for.

Pyelolithotomy.

Pylorectomy.

## R

Radium Therapy. State whether plaque, mold, needle, or seed of radium or radon, and whether applied or inserted.

Reduction. *Otherwise unclassified.* State location.

Removal. *Use this title for removal of foreign objects used in orthopedic surgery for traction or fixation, such as Steinmann's pin, Kirschner wire, bone, or ivory peg.* So state.

Repair.

Resection.

## S

Sclerectomy.

Sclerotomy.

Sequestrectomy.

Sequestrotomy.

Sigmoidoscopy.

Sinusotomy.

Sinus Tract, Exploration of.

Skin Graft. State method.

Spinal Injection.

Spinal Puncture.

## PT. II, CH. 3. STATISTICAL REPORTING & DIAGNOSTIC NOMENCLATURE

### *Nomenclature of Surgical Operations—Continued*

Splenectomy.		Tonsillectomy.
Stomach Operation. <i>Otherwise unclassified.</i> State type.		Tonsillectomy and Adenoidectomy.
Submucous Resection.		Tracheotomy.
Suture.		Transfusion. State whether direct or indirect.
Suture, Secondary.		Trephination. State location.
Sympathectomy. State location.		Turbinectomy.
<b>T</b>		<b>U</b>
Tattoo, Excision of.		Urethrolithotomy.
Tendon Transplantation.		Urethroscopy.
Tendons, Operation on. <i>Otherwise unclassified.</i> State type.		Urethrotomy. State whether external or internal.
Tenoplasty.		Uvulotomy.
Tenorrhaphy.		<b>V</b>
Tenosynovectomy.		Varicocelelectomy.
Tenotomy.		Varicose Veins, Injection of.
Tenotomy of Eye Muscle.		Varicotomy.
Thoracentesis.		Vasectomy.
Thoracoplasty. State type.		Vasotomy.
Thoracoscopy.		Vein, Ligation of.
Thoracotomy with Drainage.		Venography.
Thrombectomy.		Vesiculectomy, Seminal.
Thyroidectomy.		<b>W</b>
Tongue Operation. <i>Otherwise unclassified.</i> State type.		Wound, Exploration of.

## SECTION VI. NOMENCLATURE OF NATURE AND CAUSE OF VIOLENCE NAVAL AND MILITARY HAZARDS

AERONAUTICS.	GENERAL NAVAL AND MILITARY AGENTS AND HAZARDS.
SUBMARINES.	SPECIAL NAUTICAL HAZARDS.

### Aeronautics

#### *Aircraft, heavier-than-air, all types*

COLLISIONS IN FULL FLIGHT WITH OTHER AIRCRAFT.	TAKE-OFF ACCIDENTS.
COLLISIONS IN FULL FLIGHT WITH OBJECTS OTHER THAN AIRCRAFT.	TAXYING ACCIDENTS.
SPINS OR STALLS FOLLOWING ENGINE FAILURE.	FIRES IN AIR.
SPINS OR STALLS WITHOUT ENGINE FAILURE.	CARRIER, PLATFORM, AND ARRESTING GEAR ACCIDENTS.
FORCED LANDINGS.	LAUNCHING GEAR ACCIDENTS.
LANDING ACCIDENTS.	STRUCTURAL FAILURE.
	MISCELLANEOUS ACCIDENTS.
	INDETERMINATE AND DOUBTFUL ACCIDENTS.

#### *Accidents other than defined by National Advisory Committee for Aeronautics*

AIRCRAFT ORDNANCE ACCIDENTS.	ACCIDENTS OTHER THAN THOSE DEFINED BY NATIONAL ADVISORY COMMITTEE FOR AERONAUTICS, ALL OTHER.
PARACHUTE ACCIDENTS.	

#### *Aircraft, lighter-than-air, all types. Specify whether rigid or nonrigid airship or free balloon*

COLLISIONS IN FULL FLIGHT WITH OTHER AIRCRAFT.	ROUGH LANDING.
COLLISIONS IN FULL FLIGHT WITH OBJECTS OTHER THAN AIRCRAFT.	MISCELLANEOUS ACCIDENTS.
FIRES IN AIR.	UNDETERMINED ACCIDENTS.
STRUCTURAL FAILURE.	GROUND ACCIDENTS.
	AIRCRAFT ORDNANCE ACCIDENTS.

## SECTION VI. NOMENCLATURE OF NATURE AND CAUSE OF VIOLENCE

### *Naval and Military Hazards—Continued*

#### Submarines

##### *While moored*

BATTERY, CHLORINE GAS.	GANGPLANK, FALLS ON, SLIPPING ON, ETC.
BATTERY EXPLOSION.	HATCHWAYS AND LADDERS, FALLS ON, SLIPPING ON, ETC.
ENGINES, MACHINERY AND BATTERIES.	TORPEDO, HANDLING OF, DRILLS, ETC.
FALLS, OTHER.	ALL OTHER CAUSES. Specify.
FALLS OVERBOARD.	

##### *While at sea—use specialty letter S*

BATTERY, CHLORINE GAS.	GUNS, ALL TYPES, TARGET AND BATTLE PRACTICE, OTHERS.
BATTERY EXPLOSION.	HATCHWAYS AND LADDERS, FALLS ON, SLIPPING ON, ETC.
BOMB, HANDLING OF, DRILLS, ETC.	MINES, HANDLING OF, DRILLS, ETC.
ENGINES, MACHINERY AND BATTERIES.	SINKING OF, DUE TO COLLISION.
FALLS, OTHER.	SINKING OF, DUE TO STORM AT SEA.
FALLS OVERBOARD OR WASHED OVERBOARD.	STORMS AT SEA, ROLLING AND PITCHING, ETC.
GUNS, ALL TYPES, DRILL, MECHANISM OF GUN.	TORPEDO, HANDLING OF, DRILLS, ETC.
GUNS, ALL TYPES, DRILL, OTHERS.	ALL OTHER CAUSES. Specify.
GUN, ALL TYPES, TARGET AND BATTLE PRACTICE, MECHANISM OF GUN AND FIRING OF.	

### General Naval and Military Agents and Hazards

AERIAL BOMBING.	GAS, WAR.
ANTIAIRCRAFT GUN, EXPLOSION OF.	GUN, EXPLOSION OF—GREAT GUN.
ANTIAIRCRAFT GUN, GUN CREW, MECHANISM OF GUN, DRILLS AND FIRING OF.	GUN, EXPLOSION OF—MACHINE, GUN.
BAYONET.	GUN, EXPLOSION OF—PISTOL, RIFLE, OR SHOTGUN.
BLANK CARTRIDGE, EXPLOSION OF.	GUN, GREAT, CARE OF.
BOMB, EXPLOSION OF.	GUNPOWDER, EXPLOSION OF.
CAPS AND FUSES, EXPLOSION OF.	GUNPOWDER, IGNITION OF.
CARTRIDGE, EXPLOSION OF.	HAND GRENADE.
DEPTH BOMB.	MACHINE GUN BULLET.
DRILL, ARTILLERY.	MACHINE GUN, MECHANISM OF, DRILLS AND CARE OF.
DRILL, BAYONET.	MARCHING—not infantry drill.
DRILL, GREAT GUNS, GUN CREW, MECHANISM OF GUN (not target or battle practice).	MINE, LAND, EXPLOSION OF.
DRILL, GREAT GUNS, GUN CREW, OTHER (not target or battle practice).	MINE, SEA, DRIFTING, EXPLOSION OF.
DRILL, GYMNASTIC EXERCISES.	MINE, SEA, LAYING, SWEEPING, OR TAKING UP.
DRILL, HAND GRENADE.	MINE, SEA, MINE FIELDS, EXPLOSION OF.
DRILL, INFANTRY.	PATROL, RECONNOITERING PARTY, GUARD DUTY.
DRILL, LOADING MACHINE.	PISTOL BALL.
DRILL, MISCELLANEOUS NAVAL, ALL OTHERS.	RIFLE BALL.
EXPLOSIVES AND PROJECTILES, HANDLING OF ON BOARD MEN-OF-WAR, OTHER THAN CONVEYING TO TURRET.	RIFLE GRENADE.
EXPLOSIVES AND PROJECTILES, MACHINERY FOR CONVEYING SAME TO THE TURRETS AND GUNS (POWDER HOIST, SCUTTLE AND AMMUNITION HOIST).	SABER.
EXPLOSIVES AND PROJECTILES, TRANSPORTATION ON LIGHTERS, AMMUNITION SHIPS, AND HANDLING OF OTHER THAN ON BOARD MEN-OF-WAR.	SALUTING GUN OR CHARGE.
FLAMING LIQUID, WAR.	SHELL, EXPLOSION OF.
	SHOTGUN.
	SHRAPNEL.
	SINKING OF SHIP FROM MILITARY OR NAVAL CAUSE.
	SUNBURN AS RESULT OF PRESCRIBED UNIFORM.
	TANK, MILITARY.

## PT. II, CH. 3. STATISTICAL REPORTING & DIAGNOSTIC NOMENCLATURE

### *Naval and Military Hazards—Continued*

TARGET AND BATTLE PRACTICE, GREAT GUNS, GUN AND TURRET CREW, MECHANISM OF GUN.	TARGET PRACTICE, ARTILLERY.
TARGET AND BATTLE PRACTICE, GREAT GUNS, GUN AND TURRET CREW, OTHER THAN MECHANISM OF GUN.	TARGET PRACTICE, SMALL ARMS.
TARGET AND BATTLE PRACTICE, GREAT GUNS, PERSONNEL OTHER THAN GUN AND TURRET CREW.	TORPEDO, FIRING OF, DURING TARGET PRACTICE.
TARGET AND BATTLE PRACTICE, GREAT GUNS, TARGET REPAIR AND TOWING PARTY.	TORPEDO, HANDLING OF, DRILLS, ETC.
	TORPEDO TUBE, CARE OF, REPAIR, ETC.
	TRENCH MORTAR.
	TURRET ACCIDENTS, not drills or target and battle practice.
	OTHER NAVAL OR MILITARY AGENT OR HAZARD. Specify.

### Special Nautical Hazards

ANCHOR GEAR.	HEAT, EXCESSIVE, ENGINE ROOM.
ASH-HOISTING APPARATUS AND ASH BLOWERS ON BOARD SHIP.	HEAT, EXCESSIVE, EVAPORATOR ROOM.
BILGES, DOUBLE BOTTOMS, AND HOLDS, POOR VENTILATION OF.	HEAT, EXCESSIVE, FIREROOM.
BOATS, HANDLING, OTHER THAN MACHINERY ACCIDENTS IN POWER BOATS.	JUMPED OVERBOARD.
BOATS, HOISTING AND LOWERING OF OTHER THAN BY POWER TRANSMISSION.	LADDERS, VERTICAL, ON BOARD SHIP.
BOATS, SMALL, CAPSIZING OR SINKING OF.	LEAD LINE, LOG LINE, DEEP-SEA SOUNDING MACHINES.
CARGO HATCH OR OPEN HATCH, FALLS THROUGH.	LINES, CABLES, FENDERS, NOT USED FOR POWER TRANSMISSION.
CARGO SLING.	MANHOLES ON BOARD SHIP.
CAUGHT BETWEEN SHIP AND DOCK OR GANGWAY.	MESS TABLES AND BENCHES, HANDLING OF.
CAUGHT BETWEEN SHIPS OR SMALL BOATS.	MOORING AND UNMOORING SHIP.
COALING SHIP.	NEPTUNE INITIATION.
COLLISION OF SHIP.	NONPOISONOUS FISH. Specify name of fish.
DIVING, SEA, SUBMARINE ESCAPE APPLIANCES, ETC. Specify.	OPEN HATCH, ENGINE ROOM, FIREROOM, OF MACHINERY SPACES ON BOARD SHIP.
FALL OVERBOARD.	POISONOUS FISH. Specify name of fish.
FALLS FROM ELEVATIONS ABOARD SHIP, OTHER THAN FIREROOM, ENGINE ROOM, AND MACHINERY SPACE. (Include staging, scaffolding, and boatswain's chairs.)	POOR VENTILATION, LIVING SPACES ON BOARD SHIP.
FALLS, SLIPPING ON WET OR OILY DECKS ABOARD SHIP.	PORTS, GUN PORTS, AIR PORTS, BATTLE PORTS.
GANGPLANK, FALL ON, FALLS FROM, SLIPPING ON, STUMBLING, ETC. (Not submarines.)	SINKING OF SHIP DUE TO COLLISION.
GANGPLANK, RIGGING, UNRIGGING, OR HANDLING OF.	SINKING OF SHIP DUE TO STORM AT SEA.
GROUNDING OF SHIP.	STEERING GEAR.
HAMMOCK, FALL FROM.	STORM OR HEAVY WEATHER AT SEA OR RESULT OF MOTION OF SHIP DUE TO.
HAMMOCK, FALL OF.	SUNBURN AS RESULT OF WORKING PARTIES.
HATCH COVER.	SUNBURN, NOT OTHERWISE CLASSIFIED. Specify.
HATCHWAY AND LADDER, SLIPPING, STUMBLING, AND FALLS ON.	SWIMMING, NOT ATHLETICS OR RECREATIVE SPORTS.
	TOWING GEAR.
	WASHED OVERBOARD OR THROWN OVERBOARD BY MOTION OF SHIP.
	WATER-TIGHT DOOR.
	OTHER NAUTICAL HAZARDS. Specify.

### INDUSTRIAL AND MISCELLANEOUS HAZARDS

ANIMALS.	ELECTRICITY.
ATHLETICS AND RECREATIVE SPORTS.	ELEVATORS.
BOILERS.	EXPLOSIONS.
CONFLAGRATIONS.	FALLING OBJECTS NOT BEING HANDLED BY INJURED.
CRANES AND CONVEYORS.	

## SECTION VI. NOMENCLATURE OF NATURE AND CAUSE OF VIOLENCE

### *Industrial and Miscellaneous Hazards—Continued*

FALLS OR NEAR FALLS OF PERSONS.

HAND TOOLS.

HANDLING OF OBJECTS.

HOT SUBSTANCES AND FLAMES.

MACHINERY.

MISCELLANEOUS.

POISONINGS.

RAILROAD CARS AND ENGINES.

STEPPING ON OR STRIKING AGAINST OBJECTS.

VEHICLES.

ANIMALS. Specify.

ATHLETICS AND RECREATIVE SPORTS:

Athletic sports, games, or exercise.

Specify.

BOILERS:

Firing gear, slice bars, shovels, etc.

Steam boilers, escaping steam and hot water.

Steam boilers, explosions of.

Steam boilers, all other causes. Specify.

Steam boilers not on board ship.

Steam and hot-water gauges, explosions of.

Steam pipes, explosions of.

Steam pipes, all other causes. Specify.

Steam pipes or radiators not on board ship.

Other steam pressure apparatus, explosion of.

Other steam pressure apparatus, all other causes. Specify.

CONFLAGRATION:

All injuries as a result of general conflagration.

CRANES AND CONVEYORS:

Blocks and tackles other than boat falls, windlasses, capstans, winches not anchor gear, cranes, cargo boom, and conveyors not elevators.

Boats, hoisting and lowering of by power transmission. (Include boat falls, davits, and slings.)

Deck winches.

ELECTRICITY:

Electricity from transmission wire, switchboard apparatus, motors, and generators.

Radio apparatus.

ELEVATORS:

Dumb-waiters.

Elevators.

EXPLOSIONS:

Explosions of explosive substances:

Gasoline or other hydrocarbon products.

Illuminating gas.

Not otherwise classified. Specify.

Unknown explosive substances.

Ignition of explosive substances:

Gasoline, benzine, kerosene, and other hydrocarbon products.

Other substances to include alcohol, turpentine, waxes, resins, and oils.

Unknown inflammable or combustible substances.

EXPLOSIONS—Continued.

Other:

Ammonia apparatus.

Gasoline blowtorch or acetylene torch.

All other. Specify.

FALLING OBJECTS NOT BEING HANDLED BY INJURED:

Objects tipping over, not vehicles.

Collapse of buildings, walls, etc.

From elevations, miscellaneous.

FALLS OR NEAR FALLS OF PERSONS:

Fall from bunk.

Fall from elevations ashore, miscellaneous.

Fall from staging, scaffolding, and ladders, ashore.

Falls in engine room, fireroom, and machinery spaces aboard ship:

From elevations.

Slipping on ladders.

Slipping on wet or greasy floor plates.

All other. Specify.

Fall into dry dock other than from ship in dry dock.

Fall into excavations, ditches, and trenches.

Falls on level:

Ice.

Slipping, all other.

Slipping on wet or waxed floors ashore.

Slipping, shower space, washroom, head, etc.

Stepping into shallow holes.

Stepping on or stumbling over loose objects.

Stumbling over fixed objects.

Stumbling over or stepping on rolling objects.

All other. Specify.

Falls on steps and stairs.

Falls overboard from docks, piers, and sea walls.

HAND TOOLS:

In hands of injured worker.

In hands of fellow worker.

Flying particles set in motion by tool in hands of injured worker.

Flying particles set in motion by tool in hands of fellow worker.

Portable power tools in hands of injured worker.

Portable power tools in hands of fellow worker.

## PT. II, CH. 3. STATISTICAL REPORTING & DIAGNOSTIC NOMENCLATURE

### *Industrial and Miscellaneous Hazards—Continued*

**HANDLING OBJECTS** (exclude handling of objects by power appliances):  
 Handling ice.  
 Handling objects, unclassified. Specify.  
 Handling stores on board ship (not breaking out stores).  
 Objects dropped.  
 Objects thrown.  
 Sharp or rough objects, glass.  
 Sharp or rough objects, unclassified. Specify.

Strain in handling.

#### **HOT SUBSTANCES AND FLAMES:**

Contact with hot furnaces, ranges, and stoves.  
 Flames, clothing.  
 Flames, all others. Specify.  
 Flare-up, coal range.  
 Flare-up, illuminating gas or gasoline stove.  
 Flare-up, oil-burning boiler.  
 Flare-up, oil-burning range.  
 Grease.  
 Hot water and steam other than boilers.  
 Molten metal.  
 Other hot liquids. Specify.  
 All other hot objects. Specify.

#### **MACHINERY:**

- (a) Prime movers:
  - Catapult.
  - Diesel engine.
  - Electric motors and dynamos.
  - Engines, repair of.
  - Gas or gasoline engine. Specify.
  - Powerboat engine, backfire, cranking.
  - Powerboat engine, other. Specify.
  - Stationary engine.
  - Steam engines, specify.
  - Steering engine.
- (b) Power-transmission apparatus:
  - Bearings.
  - Belts, pulleys, flywheels.
  - Chains and sprockets.
  - Cogs, cams, gears, and friction wheels.
  - Energizers (inertia starters).
  - Propellers not radio generator.
  - Ropes, cables, and drums.
  - Setscrews, keys, and bolts.
  - Shafts.
  - Shaft collars and couplings.
- (c) Power-working machinery:
  - Dishwashing machine.
  - Engineering and contract machinery (concrete mixer, pile driver, etc.).
  - Farm machines (harvesters, threshers, etc.).
  - Food-products machinery:
    - Bread cutter.
    - Choppers, grinders, and slicers.

#### **MACHINERY—Continued.**

Food-products machinery—Con.  
 Dough mixer.  
 Other. Specify.  
 Ice-making machines.  
 Laundry machines.  
 Metalworking machinery:
 

- Drills (include drill press).
- Emery wheel.
- Lathe.
- Other. Specify.

 Printing and bookbinding machinery.  
 Woodworking machinery:
 

- Jointer.
- Planer.
- Saws.
- Other. Specify.
- All other. Specify.

 (d) Machinery, other than power-working machines:
 

- Chain falls.
- Compressors and evaporators.
- Fans and blowers.
- Pumps.
- Radio-generator propeller.
- All other. Specify.

#### **MISCELLANEOUS:**

Assault with deadly weapon. To include only firearms and sharp instruments.  
 Assault without deadly weapon. To include blackjack, sandbag, etc.  
 Caught (jammed) between objects, miscellaneous (not striking against).  
 Cause unknown.  
 Cutting and piercing instruments:
 

- Knife or razor.
- Knife while preparing foodstuffs.
- Other sharp instruments while preparing foodstuffs (exclude machinery).

 All other. Specify. (Exclude hand tools, handling of objects, or stepping on or striking against objects.)  
 Darkness or insufficient light.  
 Doors, windows, covers, and gates (not hatch cover).  
 Excessive cold.  
 Excessive heat, sun (heatstroke and heat exhaustion from sun).  
 Excessive heat, other than engine room and fireroom. Specify.  
 Excessive light.  
 Fighting and brawling with civilian personnel.  
 Fighting and brawling with service personnel.  
 Flying particles not otherwise classified (exclude particles from hand tools and power-working machinery).  
 Hanging.

## SECTION VI. NOMENCLATURE OF NATURE AND CAUSE OF VIOLENCE

### *Industrial and Miscellaneous Hazards—Continued*

#### MISCELLANEOUS—Continued.

- Injury due to posture assumed (not falls).
- Jumping, not athletics or overboard.
- Landslide.
- Lightning.
- Maintaining order.
- Oxygen deprivation, fires, and fighting fires.
- Oxygen deprivation, miscellaneous. Specify.
- Poisonous insect. Specify.
- Poisonous reptile. Specify.
- Resisting arrest, service patrol.
- Resisting arrest, civilian authorities.
- Roller coaster and other mechanical amusement devices.
- Shoes, ill-fitting.
- Skylarking.
- Snowslide.
- Storms on land.
- Therapeutic appliances.
- Other miscellaneous causes not listed or classified elsewhere. Specify.

#### POISONINGS:

##### (a) Handling or contact with:

- Acids. Specify.
- Lead, chipping paint.
- Lead, painting.
- Lye and other alkalis. Specify.
- Phenol, cresol, and other phenol compounds. Specify.
- Miscellaneous handling or contact with. Specify.

##### (b) Inhaling:

- Ammonia.
- Anesthetics.
- Carbon monoxide.
- Coal gas.
- Formaldehyde.
- Illuminating gas.
- Opium and cannabis indica.
- Turpentine, benzol, "wing-dope."
- Miscellaneous inhaling of. Specify.

##### (c) Swallowing:

- Acids. Specify.
- Alkalis. Specify.
- Cocaine and derivatives.
- Methyl alcohol.
- Opium and derivatives.
- Veronal (barbital), trional, sulphonal, chloral hydrate, and other sleep-producing drugs except opium and derivatives.
- Miscellaneous swallowing of. Specify.

##### (d) Injection (instrumental):

- Arsphenamine, antisyphilitic treatment. Specify.
- Arsenic compounds, other than for antisyphilitic treatment. Specify.

#### POISONINGS—Continued.

##### (d) Injection (instrumental)—Con.

- Arsphenamine, antisyphilitic treatment.
- Arsphenamine, other than for antisyphilitic treatment.
- Cocaine and derivatives.
- Mercury compounds, antisyphilitic treatment. Specify.
- Mercury compounds, other than for antisyphilitic treatment. Specify.
- Neocarsphenamine, antisyphilitic treatment.
- Neocarsphenamine, other than for antisyphilitic treatment.
- Opium and derivatives.
- Miscellaneous injection. Specify.

#### RAILROAD CARS AND ENGINES (specify steam or electric railroad):

- Caught between.
- Falls from or in while getting on or off, in motion.
- Falls from or in while getting on or off, at rest.
- Falls from or in while riding on.
- Run over by.
- Struck by.
- Tracks, stumbling, falls on, etc.
- Train wreck by collision.
- Train wreck by derailment.
- Train wreck by car striking objects on track without derailment.
- All other. Specify.

#### STEPPING ON OR STRIKING AGAINST OBJECTS:

- Stepping on:
  - Glass.
  - Nails.
  - All other. Specify.
- Striking against:
  - Fellow worker.
  - Glass.
  - Nails.
  - Other fixed objects.
  - Splinters or sharp projections from walls or structures.
  - All other objects. Specify.

#### VEHICLES:

- (a) Automobile, automobile truck, and motorcycle (specify):
  - Breaking of car or part, not resulting in collision or overturning.
  - Collision, breaking of parts.
  - Collision, skidding.
  - Collision, all other causes.
  - Collision and overturning.
  - Collision with cars or engines. Specify steam or electric.
  - Collision with other motor vehicles. Specify.
  - Cranking.

PT. II, CH. 3. STATISTICAL  
REPORTING & DIAGNOSTIC NOMENCLATURE

*Industrial and Miscellaneous Hazards—Continued*

VEHICLES—Continued.

- (a) Automobile, automobile truck, and motorcycle (specify)—Con.
  - Driving off dock or pier.
  - Driving off embankment or cliff.
  - Falls from, thrown from; jumping from, or stepping from.
  - Objects falling from.
  - Overturning, breaking of parts.
  - Overturning, skidding.
  - Overturning, all others.
  - Repairing or overhauling.
  - Run over by.

VEHICLES—Continued.

- (a) Automobile, automobile truck, and motorcycle (specify)—Con.
  - Struck by.
  - All other causes. Specify.
- (b) Other motor vehicles:
  - Tractor, motorbus, plant truck, trailer, fire engines, and fire trucks. Specify.
- (c) Vehicles not power-operated:
  - Animal-drawn vehicles, bicycles, hand-propelled trucks, etc. Specify.

## PART III—Chapter 1

# MEDICAL AND DENTAL TREATMENT OTHER THAN NAVAL

	Paragraphs
Section I. TREATMENT AND HOSPITALIZATION OTHER THAN NAVAL .....	311-3110
II. SERVICES OF SPECIALISTS .....	3111-3113
III. SPECIAL DENTAL TREATMENT .....	3114-3118

## SECTION I. TREATMENT AND HOSPITALIZATION OTHER THAN NAVAL

	Paragraph
General Summary .....	311
Limitation on Emergency Dental Treatment .....	312
Prompt Report Necessary in All Cases .....	313
Officers and Enlisted Personnel on Detached Duty .....	314
Officers Absent from Duty Stations .....	315
Enlisted Personnel on Leave or Liberty .....	316
Retired Officers and Enlisted Personnel .....	317
Reports Required in Cases of Emergency Medical Treatment or Hospitalization .....	318
Reciprocal Hospitalization of Army, Navy, and Coast Guard Personnel .....	319
Bills and Claims Required .....	3110

## 311

**General Summary.**—311.1. When appropriate facilities or personnel of the Medical Department of the Navy are not available, officers and enlisted personnel on active duty in the Navy or Marine Corps, whether in a duty status or on leave, are eligible for necessary medical treatment and hospitalization in medical facilities of the Army or Public Health Service, upon the order of their commanding officer or senior officer present, or, if it is impracticable to secure such authorization, upon their own application to the Army or Public Health Service facility concerned. In such cases there are no expenses incurred, except the regular subsistence borne by officers (par. 319).

311.2. When appropriate facilities or personnel of the Medical Departments of the Navy, Army, or Public Health Service are not available, officers and enlisted personnel on active duty in the Navy or Marine Corps are eligible for necessary medical treatment and hospitalization at Government expense in Federal hospitals other than Navy, Army, or Public Health Service under the following conditions:

(a) When on duty at a place where facilities and personnel of the Medical Departments of the Navy, Army, or Public Health Service are not available, upon the order of the commanding officer, or senior officer present, or, in the absence of a superior officer, upon their own application to the Federal hospital concerned (pars. 314 and 315).

(b) If officers, when absent by permission granted for 24 hours or less, provided that during such absence their whereabouts are known and it is fairly practicable to secure their return to duty if required (par. 315).

PT. III, CH. 1. MEDICAL AND DENTAL  
TREATMENT OTHER THAN NAVAL

(c) If enlisted personnel, when they become ill or are injured while in a leave or liberty status, and the emergency does not permit their application to a naval station or other naval activity (par. 316.2).

311.3. Officers and enlisted personnel on active duty in the Navy or Marine Corps are eligible for necessary civilian medical treatment and hospitalization at Government expense in other than Federal hospitals under the following conditions:

(a) When on duty at a place where there is no naval or other Federal hospital or naval medical facility, upon the order of the commanding officer or senior officer present, or, in the absence of a superior officer, upon their own application to a civilian physician or civil hospital (par. 314).

(b) If officers, when absent from duty by permission granted for 24 hours or less, provided (1) there is no naval or other Federal hospital or naval medical facility available, and (2) their whereabouts are known and it is fairly practicable to secure their return to duty if required (par. 315).

(c) If enlisted personnel, when they become ill or are injured while in a leave or liberty status, provided no naval or other Federal hospital or naval medical facility is available and telegraph or telephone permission has been secured from their commanding officers (par. 316.1).

(d) If enlisted personnel, when they become ill or are injured while in a leave or liberty status and the emergency does not permit either their application to a naval or other Federal hospital or naval medical facility or their securing permission from their commanding officers; provided that, within a reasonable time, report is made to their commanding officers in order to permit investigation and suitable arrangements for their transfer to a Federal institution or other appropriate action. When the services of civilian physicians are thus employed, no expenses for the utilization of consultants or specialists shall be allowed except when authorized in advance by the Bureau, or in extraordinary cases and after full report, when subsequent approval by the Bureau is secured (par. 316.2).

312

**Limitation on Emergency Dental Treatment.**—312.1. Emergency dental treatment by other than a naval dental officer shall be allowed under the conditions specified in paragraph 311 only to relieve pain or to abort infection and upon the approval of a naval medical officer, if one is available. Emergency treatment shall not include the furnishing of prosthetic appliances including crowns or inlays, or the use of gold or other precious metals for fillings (Art. 1189 (7), *Navy Regulations*; reference should also be made to Sec. III below).

312.2. When there are no expenses incurred which are to be made the basis of a claim against the Navy, as in the case of dental treatment afforded naval personnel in Army facilities, the limitations as to treatment specified in paragraph 312.1 do not apply. Dental treatment is afforded naval personnel on active duty by Army dental facilities where no naval dental facilities are available.

313

**Prompt Report Necessary in All Cases.**—Expenses incurred for medicine, medical attendance, or hospitalization from sources other than the Navy, Army, or Public Health Service shall not be allowed in any case specified in paragraph 311 unless the sickness or injury has been promptly reported to the Bureau by the naval medical officer having cognizance of the case, the senior officer present where

## SECTION I. TREATMENT AND HOSPITALIZATION OTHER THAN NAVAL

a naval medical officer is not on duty, or the individual concerned when on detached duty or on leave where a superior officer is not present (Art. 1189 (2) and (5), *Navy Regulations*; reference should also be made to paragraphs 318 and 3110 below).

### 314

**Officers and Enlisted Personnel on Detached Duty.**—Officers and enlisted personnel of the Navy and Marine Corps, when on duty at a place where there is no naval hospital or other medical facility, may be sent to other hospitals upon the order of the commander in chief or the senior officer present (Art. 1187, *Navy Regulations*). When on duty where a superior officer is not present, and the services of a naval medical officer or naval medical facilities are not available, officers and enlisted men should, if practicable, apply first to medical facilities of the Army or Public Health Service and then to other Federal hospitals. In the absence of Federal hospitals, they may apply to a civilian physician or a civil hospital for necessary emergency treatment.

### 315

**Officers Absent From Duty Stations.**—315.1. Expenses incurred by an officer for medicines, medical attendance, or hospitalization shall not be allowed unless they were incurred when he was on duty (par. 315.3) and the medicines could not have been obtained from naval supplies or the attendance of a naval medical officer could not have been secured (Sec. 1586, *Rev. Stat.*).

315.2. Officers, whether on duty or on leave, may secure admission to medical facilities of the Army or Public Health Service on the authorization of their commanding officers, or, if it is impracticable to secure such authorization, upon their own application to the Army or Public Health Service facility concerned. In such cases there are no expenses incurred within the meaning of paragraph 315.1. Regular subsistence charge is borne by officers (par. 319).

315.3. Officers may be considered as on duty and entitled to emergency medical and hospital treatment at Government expense in medical facilities other than Navy, Army, or Public Health, if they are absent from their ships or stations by permission granted for 24 hours or less, provided that during such absence from ship or station their whereabouts are known and it is fairly practicable to secure their return for the performance of duty should their presence be required (10 *Comp. Gen.* 40). Prompt report must be made in all cases (par. 313). It is required that Government hospitals shall be utilized for such medical treatment when available and that, in any case, the appropriate naval authority shall be kept fully informed so that arrangements may be made to afford the officer the benefit of naval medical aid or Federal hospital facilities.

### 316

**Enlisted Personnel on Leave or Liberty.**—316.1. Enlisted personnel who become ill or are injured while on leave of absence or

PT. III, CH. 1. MEDICAL AND DENTAL  
TREATMENT OTHER THAN NAVAL

liberty shall apply, if practicable, to the nearest naval station or naval activity, if one is located in the vicinity; if none is available, application should be made to the medical department of any other Federal agency. When neither is available, the individual concerned should contact his commanding officer by telephone or telegraph requesting permission to obtain civilian medical aid. Commanding officers may authorize such necessary emergency treatment as the circumstances seem to warrant, and should give appropriate instructions regarding submission of reports and bills and disposition of the case upon completion of treatment (pars. 318 and 3110).

316.2. When the urgency of the situation does not permit obtaining treatment from Federal facilities on the prior approval of competent naval authority, necessary emergency treatment may be obtained by or on behalf of the enlisted man concerned, and the reasonable expenses thereof shall be allowed as a charge against the Navy; provided that, within a reasonable time, report is made to his commanding officer so as to permit investigation and suitable arrangements for transfer to a Federal institution or other appropriate action.

316.3. Expenses for the employment of consultants or specialists shall not be allowed except when authorized in advance by the Bureau, or, in extraordinary cases, when subsequently approved by the Bureau upon receipt of report and satisfactory explanation as to the necessity and urgency of their employment.

316.4. Civilian medical treatment of enlisted personnel absent without leave is not authorized unless and until the individual comes under military or naval control.

316.5. Expenses for civilian medical and hospital treatment of enlisted personnel shall be allowed only in emergency cases in which it is impracticable to obtain treatment from naval or other Government facilities. The expense of elective medical treatment under no circumstances may be allowed. Civilian dental treatment, other than emergency measures to relieve pain, is not authorized (par. 312).

316.6. The provisions of this paragraph are based upon a decision of the Comptroller General, Files B-41121, B-41800, B-41858, June 27, 1944.

## 317

**Retired Officers and Enlisted Personnel.**—Retired officers and enlisted personnel, inactive, and inactive members of the Fleet Reserve and Fleet Marine Corps Reserve, are not entitled to medical and hospital treatment at Federal expense in other than naval hospitals, except under provisions of paragraphs 16B2, 16B9, 16B34, and 16B35.

## 318

**Reports Required in Cases of Emergency Medical Treatment or Hospitalization.**—318.1. Report on NAVMED-U shall be promptly forwarded in duplicate to the Bureau in each case of any sickness or injury of personnel on active duty in the Navy or Marine Corps in which treatment is received from other than the medical departments of the Army, Navy, or Public Health Service. It is required

## SECTION I. TREATMENT AND HOSPITALIZATION OTHER THAN NAVAL

in all cases in which medical or hospital treatment is furnished by civilian physicians or dentists, civil hospitals, or Government hospitals other than Navy, Army, or Public Health Service to naval or Marine Corps personnel on duty or on liberty or leave, under circumstances that eventually may be used as the basis of a claim against the Navy Department. This report should be prepared by a naval medical officer when practicable, and in the absence of such officer, by the senior officer present or by the individual concerned as soon as he is able.

318.2. Commanding officers are responsible for bringing this information to the attention of all officers and enlisted men about to go on liberty or leave and to the personnel under their charge who are on detached duty.

318.3. When printed NAVMED-U sheets are not available, a type-written report shall be made in duplicate giving the following information:

Name and rank or rating; date and place of birth; station to which attached; diagnosis; prognosis; status (duty or not). If on liberty or leave, state exact period for which granted and the hours and dates from and to duty status; circumstances; disposition; give dates on or between which services were rendered. By whom were the services rendered? Were the services necessary and authorized, and by whose authority? When authority is given in writing a certified copy of same should be attached. When authority is given verbally a certificate of the officer granting same should be attached and should show when and how the services were authorized. Were the services of a naval medical (or dental) officer or a naval hospital available? In the case of an officer, the date of his orders and the name of the Supply Corps officer carrying his accounts shall be stated. When an officer is admitted to a hospital for treatment, statement shall also be made as to whether or not hospital ration notices (S. and A. Form 534) have been issued.

### 319

**Reciprocal Hospitalization of Army, Navy, and Coast Guard Personnel.**—319.1. For the duration of the present war and six months thereafter, no charges shall be made for the furnishing of supplies and services in connection with reciprocal hospitalization of active duty personnel of the Army, Navy, and Coast Guard in the Medical Department facilities of either of the other services.

319.2. Detailed reports of hospitalization will not be required from naval hospitals or other naval Medical Department activities, wherever located, covering the hospitalization or medical care of personnel on active duty in the Army or Coast Guard, and NAVMED-U or other detailed reports will not be required covering hospitalization or medical treatment of Navy and Marine Corps personnel on active duty by any unit of the Army Medical Department or Public Health Service.

319.3. Officer personnel of any of the armed services shall be required personally to defray the cost of subsistence when hospitalized in a hospital or other Medical Department unit of another service.

319.4. The agreement regarding reciprocal hospitalization does not suspend the requirement that case records on Army and Coast Guard personnel shall be maintained in naval hospitals. Naval Medi-

PT. III, CH. 1. MEDICAL AND DENTAL  
TREATMENT OTHER THAN NAVAL

cal Department units shall complete and forward NAVMED-Fa to the Surgeon General, U. S. Army, or to Coast Guard Headquarters (par. 236.2 (c)). The Medical Departments of the Army and the U. S. Public Health Service will complete and forward to the Bureau statistical cards on all Navy and Marine Corps personnel.

319.5. In order that medical records may be complete, local units of the Medical Departments of the Navy, Army, and U. S. Public Health Service are required to furnish the duty stations of individuals hospitalized or treated information concerning the diagnosis, dates of admission and discharge, and such other details as may be requested.

3110

**Bills and Claims Required.**—3110.1. All claims for expenses incurred for medicines, medical attendance, or hospitalization not obtained from the Medical Departments of the Navy, Army, or Public Health Service shall be forwarded to the Bureau for examination. If approved, such claims will be forwarded to the Chief of the Bureau of Supplies and Accounts for payment. Claims for reimbursement shall be accompanied by receipted bills and all other papers pertaining thereto (Art. 1189 (3), *Navy Regulations*).

3110.2. Bills for treatment in Government hospitals other than Navy, Army, or Public Health Service should be submitted to the Bureau for payment through the heads of the activities concerned.

3110.3. Bills incurred for civilian medical or dental treatment or hospitalization of naval personnel should be forwarded to the Bureau for action. They should be prepared in duplicate, itemized to show the dates on or between which services were rendered or supplies furnished, the original certified as "Correct and Just, Payment Not Received," and with autographic signature of the payee, or, in the case of a company or firm, of a responsible official thereof, whose title or connection with the company should be indicated. Receipt of the services or supplies should be acknowledged on the face of the bill, or by separate certificate, by the person receiving treatment, or by an officer having cognizance of the case. The dates, charges, etc., should be carefully scrutinized and verified when practicable. Separate certified bills should be submitted for services of special nurses, anesthetists, or other persons on a fee basis, unless the bill including such services is accompanied by receipts to show that the expenses have been defrayed by the hospital or physician submitting the bill, or by a statement to the effect that the individual is a full-time employee of the payee.

SECTION II. SERVICES OF SPECIALISTS

	Paragraph
When Permitted .....	3111
Procedure in Making Requests .....	3112
Refraction of Eyes and Purchase of Eyeglasses.....	3113

3111

**When Permitted.**—3111.1. When the services of a naval medical officer are available, and when, in his opinion, he is not sufficiently

## SECTION III. SPECIAL DENTAL TREATMENT

skilled to treat the condition properly, or lacks the proper equipment or facilities for the required treatment, the employment of a civilian physician or specialist may be permitted upon prior authority of the Bureau after recommendation by the medical officer in charge of the case (Art. 1189 (4), *Navy Regulations*); reference should also be made to paragraphs 316.3 and 3111.2.

3111.2. The provisions of paragraph 3111.1 shall apply also to the employment of specialists for treatment of the personnel of other Government departments or agencies who are patients in naval hospitals, since the Comptroller General has ruled that the prior authority of the Bureau is required for these as well as for Navy patients (15 *Comp. Gen.* 874).

## 3112

**Procedure in Making Requests.**—Requests for the employment of a specialist may be made by letter or dispatch to the Bureau, according to the urgency of the case, stating the nature of the illness, the condition of the patient, and the necessity for the special treatment, together with an itemized estimate of the cost of such treatment.

## 3113

**Refraction of Eyes and Fitting of Glasses.**—Naval personnel who need new spectacles or replacement for damage or loss in line of duty and are unable to avail themselves of Navy, Army, or Public Health Service facilities, should request authority for civilian refraction from the Bureau, via official channels, stating the need and giving the estimated cost. If approved, the prescription with proper facial measurements together with the Bureau's authorization will be sent by the civilian specialist to the Optical Dispensing Unit designated in the authorization. The Optical Dispensing Unit will have the glasses fabricated and will return them to the civilian specialist, who will be responsible for properly checking and fitting the spectacles. Bills in duplicate covering the cost of refraction shall be submitted in accordance with paragraph 3110.3.

## SECTION III. SPECIAL DENTAL TREATMENT

	Paragraph
Treatment Other Than Naval Allowed in Emergency.....	3114
Definition of "Emergency" .....	3115
Request for Special Dental Treatment .....	3116
Request for Dental Prosthetic Treatment .....	3117
Reports and Claims .....	3118

## 3114

**Treatment Other Than Naval Allowed in Emergency.**—3114.1.—Officers and enlisted men on duty where the services of a naval dental officer are not available should consult the naval medical officer and secure his approval and that of the commanding officer or senior officer present prior to the procurement of dental treatment as an expense against the Government. Approval shall be limited to cases of

PT. III, CH. 1. MEDICAL AND DENTAL  
TREATMENT OTHER THAN NAVAL

emergency, and shall not include the use of precious metals or restorations by means of crowns, inlays, or prosthetic appliances.

3114.2. Dental expenses for personnel on detached duty where neither a naval dental officer nor a naval medical officer is available shall be allowed without prior approval only when evidence is submitted that the treatment was immediately necessary to relieve pain or abort infection.

3114.3. Dental treatment given naval personnel in Army facilities is not limited to emergency treatment (par. 312.2).

3115

**Definition of "Emergency."**—The term "emergency" is used here to apply only to treatment rendered to relieve pain or abort infection, and shall include only such measures as are deemed necessary to provide a reasonable degree of comfort until the services of a naval dental officer can be obtained or until a report can be forwarded to the Bureau and appropriate instructions issued. Emergency dental treatment shall involve the minimum expense necessary to secure satisfactory professional service. Periodontal treatments and dental prophylaxis are not regarded as emergencies.

3116

**Request for Special Dental Treatment.**—3116.1. When time will permit, requests for dental treatment where the services of a naval dental officer are not available shall be forwarded to the Bureau by the medical officer with his recommendation, or, if no medical officer is available, by the senior officer present. Every request shall contain a detailed statement of the disease or injury from which the necessity for treatment has arisen, together with a detailed estimate of the cost of the treatment considered to be necessary. On detached duty, such as at recruiting stations, radio stations, etc., the request shall show the date on which the person for whom treatment is requested was assigned to that duty, and probable date of transfer to other duty.

3116.2. The request should be in, or similar to, the following form:

To: Bureau of Medicine and Surgery.

Subj: Special Dental Treatment in the Case of .....  
....., Request for Authorization.

Encl: 1. (HW) Detailed statement of the disability for which authorization of treatment is required, nature of treatment, and itemized fee or cost of professional services.

1. It is requested that civilian treatment at Government expense be authorized to the amount of ....., as set forth in detail in enclosure, in the case of .....  
(name) (rank or rate)

.....  
(service number)

2. The need for this treatment has arisen from progressing of caries caused by prolonged duty in stations not accessible to naval dental activities (or other reason cited).

3116.3. Arrangements for dental treatment should be made with other Government agencies, if practicable, in preference to private

## SECTION III. SPECIAL DENTAL TREATMENT

practitioners, provided the agencies possess the required clinical and laboratory facilities.

3116.4. Whenever dental treatment is obtained from sources other than those under the cognizance of the Bureau, a note stating the facts in detail shall be inserted on the NAVMED-H-4 (Dental Record) and the NAVMED-H-8 (Medical History sheet) of the individual's Health Record.

3117

**Request for Dental Prosthetic Treatment.**—Every request for authority to obtain dental prosthetic treatment shall contain a statement of the oral condition and of the necessity for the treatment, as well as a history of the case and a copy of the dental abstract (par. 1329).

3118

**Reports and Claims.**—Reports and claims in connection with dental treatment other than Navy or Army treatment shall be made as provided in paragraphs 318 and 3110.



## PART III—CHAPTER 2

### MISCONDUCT AND LINE OF DUTY STATUS

	Paragraphs
Section I. IMPORTANCE OF MISCONDUCT AND LINE OF DUTY STATUS .....	321-323
II. MISCONDUCT STATUS .....	324-3219
III. LINE OF DUTY STATUS .....	3220-3231

#### SECTION I. IMPORTANCE OF MISCONDUCT AND LINE OF DUTY STATUS

	Paragraph
General .....	321
Benefits Affected by Line of Duty Status .....	322
Benefits Affected by Misconduct Status .....	323

#### 321

**General.**—Many of the Federal benefits provided by law for service and ex-service personnel and their dependents are contingent upon death or disability incurred in the line of duty and not the result of misconduct. These benefits cannot be awarded until the line of duty or the misconduct status of death or disability has been definitely and legally determined by proper authority.

#### 322

**Benefits Affected by Line of Duty Status.**—322.1. **PROMOTION OF OFFICERS.**—An officer who has been wounded in the line of duty may be found physically qualified for promotion even though he is not able to perform all his duties at sea, provided his wounds do not incapacitate him for other duties of the grade to which he shall be promoted (Sec. 1494, *Rev. Stat.*, as amended). This provision has also been applied by administrative action to temporary promotions effective from September 8, 1939.

322.2. **RETIREMENT.**—When a retiring board finds that an officer is incapacitated for active service and that his incapacity is the result of an incident of the service, such officer shall, if the decision is approved by the President, be retired from active service with retirement pay (Sec. 1453, *Rev. Stat.*, as amended). When a retiring board finds that an officer of the regular Navy or Marine Corps is incapacitated for active service and his incapacity is not a result of an incident of the service, the officer shall, if the decision is approved by the President, be retired from active service on furlough pay or wholly retired from the service with one year's pay, as the President may determine (Sec. 1453, *Rev. Stat.*, as amended, and Sec. 1454, *Rev. Stat.*). The retirement benefits accruing from incapacity resulting from service have been extended to include officers of the Naval Reserve, the Marine Corps Reserve, and the Women's Reserve (Act of Aug. 27, 1940, ch. 694, sec. 4, 54 *Stat.* 864-865, as amended).

322.3. **PENSIONS.**—Subject to such requirements and limitations as

## PT. III, CH. 2. MISCONDUCT AND LINE OF DUTY STATUS

are contained in regulations issued by the President and within the limits of appropriations made by Congress, pensions may be paid to any person who served in the active military or naval service and who was disabled as result of disease or injury incurred in or aggravated by active service in line of duty; and to the widow, child or children, or dependent mother or father of any person who died as a result of disease or injury incurred in or aggravated by active military or naval service in line of duty. Except for veterans of a war, eligibility for a pension is contingent upon the line of duty status of the disability (*Veterans Regulations*, No. 1 (a), as amended).

322.4. **INCOME TAX EXEMPTIONS.**—Pensions or retired pay received for disabilities incurred in the line of duty are not included in gross income and are exempt from income tax (Act of Feb. 10, 1939, ch. 2, sec. 22 (b) (5), 53 *Stat.* 10, as amended).

322.5. **SERVICEMEN'S READJUSTMENT ACT OF 1944.**—By the terms of Servicemen's Readjustment Act of 1944, benefits in the way of education, security for loans, and readjustment allowances are provided to persons who served less than 90 days in the armed forces only if they were discharged by reason of a physical disability incurred in the line of duty (Act of Jun. 22, 1944, ch. 268, 58 *Stat.* 284-301).

322.6. **PREFERENCE IN APPOINTMENTS TO CIVIL OFFICES.**—Persons honorably discharged from the military or naval service by reason of disability resulting from wounds or sickness incurred in the line of duty shall be preferred for appointments to civil offices, provided they are found to possess the capabilities necessary for the proper performance of their duties. In making appointments to clerical and other positions in the executive branch of the Government, preference shall be given to honorably discharged soldiers, sailors, and marines, and their widows, and to the wives of injured soldiers, sailors, and marines who themselves are not qualified but whose wives are qualified to hold such positions (Act of Jun. 27, 1944, ch. 287, 58 *Stat.* 387).

322.7. **HOSPITALIZATION, DOMICILIARY CARE, AND MEDICAL TREATMENT.**—The Veterans Administration is authorized to furnish hospitalization, domiciliary care, and medical attention within the limits of Veterans Administration facilities to any veteran of a war, discharged under conditions other than dishonorable, and to persons discharged for disability incurred in line of duty or who are in receipt of a pension for a service-connected disability. Veterans seeking treatment for nonservice-connected disabilities are required to state under oath that they are financially unable to supply themselves with such treatment. Thus, the importance of line of duty status of a disability for purposes of hospitalization lies in the fact that veterans who have a service-connected disability are given priorities on the eligibility list and are not required to swear inability to defray the necessary expenses (*Veterans Regulations*, No. 6 (a), as amended).

**Benefits Affected by Misconduct Status.**—323.1. **PAY.**—No person on active duty in the naval service who is absent from his regular

## SECTION II. MISCONDUCT STATUS

duties for more than one day at any one time on account of the effects of a disease (as distinguished from an injury) directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drugs shall be entitled to any pay, as distinguished from allowances, for the period of such absence (Act of May 17, 1926, ch. 302, 44 *Stat.* 557-558, as amended).

323.2. COMPLETION OF ENLISTMENT.—An enlistment in the Navy or Marine Corps shall not be regarded as complete until the enlisted man shall have made good any time in excess of one day lost on account of injury, sickness, or disease resulting from his own intemperate use of drugs or alcoholic liquors, or other misconduct (Act of Aug. 29, 1916, ch. 417, 39 *Stat.* 580, as amended).

323.3. DEATH GRATUITY.—Immediately upon official notification of the death from wounds or disease, not the result of his own misconduct, of any officer, Nurse Corps officer, or enlisted man on the active list of the regular Navy or Marine Corps, or on the retired list when on active duty, the Paymaster General of the Navy shall cause to be paid to the widow, and if there is no widow to the child or children, and after these, to any other dependent relative of the officer, Nurse Corps officer, or enlisted man previously designated, or where there is no widow, child, or previously designated dependent relative, to any grandchild, parent, brother or sister, or grandparent shown to have been dependent upon such officer, Nurse Corps officer, or enlisted man, an amount equal to six months' pay at the rate received by the officer, Nurse Corps officer, or enlisted man at the date of his or her death (Act of Jun. 4, 1920, ch. 228, 41 *Stat.* 824-825, as amended; Act of Mar. 7, 1942, ch. 166, sec. 5, 56 *Stat.* 145, as amended). This benefit has been extended to include officers and enlisted personnel of the Naval Reserve, the Marine Corps Reserve, and the Women's Reserve (Act of Mar. 17, 1941, ch. 19, 55 *Stat.* 43-44, as amended).

## SECTION II. MISCONDUCT STATUS

	Paragraph
Definition .....	324
Responsibility of the Medical Officer .....	325
Patient to Be Informed .....	326
Adverse Entries by Boards .....	327
Right of Patient to Rebuttal .....	328
Cases Submitted to the Judge Advocate General .....	329
Delay Occasioned by Condition of the Patient .....	3210
Disabilities Due to Alcohol or Drugs .....	3211
Entries Regarding Disabilities Due to Alcohol or Drugs .....	3212
Report of Excessive Use of Intoxicants or Drugs .....	3213
Drunkenness .....	3214
Misconduct Status of Venereal Disease .....	3215
Absence Due to Alcohol or Drugs .....	3216
Forfeiture of Pay in Cases of Absence Due to Misconduct .....	3217
Early Return to Duty Status .....	3218
Determination of Misconduct Status When the Medical Record Is Incomplete .....	3219

**Definition.**—Misconduct is a violation of law or regulation, an act for which an individual in the naval service could be court-martialed.

## PT. III, CH. 2. MISCONDUCT AND LINE OF DUTY STATUS

Simple negligence or carelessness is not misconduct (Sec. 710, *Naval Courts and Boards*, 1937), but conduct which involves gross negligence or reckless disregard for the life or personal safety of oneself or others is properly classifiable as misconduct. A disease or injury which is directly attributable to and immediately follows an individual's intemperate use of alcoholic liquors or habit-forming drugs while in the naval service shall be considered to be due to his own misconduct unless such indulgence is considered by the medical authorities to be a symptomatic expression of preexisting disease or mental disorder and is so diagnosed. Venereal disease shall be considered to be due to his own misconduct if an individual who has contracted a venereal disease fails to comply with Navy regulations requiring him to report and receive treatment for such disease. The continuance of a disability resulting from an individual's unreasonable refusal to submit to indicated medical, dental, surgical, or diagnostic procedure should be considered as owing to his own misconduct (*General Order No. 211*). Other diseases, injuries, and disabilities shall be held to have resulted from misconduct when caused by an act of commission or omission wrong in itself, or as a result of gross negligence, gross carelessness, or intentional self-infliction or production of wounds or disability in the absence of insanity.

## 325

**Responsibility of the Medical Officer.**—Medical officers making entries in Health Records, reports of death, or reports of medical survey shall state whether the disease or injury reported was or was not due to the patient's own misconduct (Art. 1196 (1), *Navy Regulations*). When facts bearing upon misconduct entries are available, they shall be clearly set forth.

## 326

**Patient to Be Informed.**—326.1. When a medical officer enters on a patient's Health Record that the disability for which he is admitted to the sick list is the result of his own misconduct, the medical officer shall inform the patient that such an adverse entry has been made, provided his condition does not make the action inadvisable (Arts. 1195 (2) and 1196 (3), *Navy Regulations*). The medical officer shall place a certificate on the Health Record and the patient shall be permitted, but not required, to make a statement as to whether or not he desires to submit a statement in rebuttal. (See par. 328.) The certificate and statement shall be in the following form:

(a) In accordance with Article 1196, *Navy Regulations*, you .....  
 are informed that you are admitted to the sick list with .....  
 the origin of which is considered to be the result of your own misconduct. ....  
 (Name)  
 (Diagnosis)

(b) Having been duly informed of the finding that my present disability,  
 ....., is the result of my own misconduct, I do  
 (do not) desire to submit a statement in rebuttal.  
 (Diagnosis)

.....  
 (Signature of Patient)

## SECTION II. MISCONDUCT STATUS

326.2. The medical officer shall inform the commanding officer of any adverse entry in a Health Record at the time it is made (Art. 1196 (3) and (5), *Navy Regulations*).

## 327

**Adverse Entries by Boards.**—When any board of medical officers makes an adverse record relative to the origin of any disease or injury, the board's senior member shall inform the patient that such an entry has been made. In the case of a report of medical survey, boards shall state whether or not the patient has been informed, and any statement by the patient in rebuttal shall be forwarded to the Bureau as a separate paper and not incorporated in the report (Art. 1196 (4), *Navy Regulations*).

## 328

**Right of Patient to Rebuttal.**—A patient concerning whom an adverse entry has been made in the Health Record or in a report of medical survey, may request the commanding officer to have entered in such records a statement in rebuttal. This statement and any evidence presented in support of it shall be forwarded to the Bureau for an expression of medical opinion and referred to the Judge Advocate General for decision. The Bureau will then inform the commanding officer of the decision in order that it may be entered in the patient's Health Record (Art. 1196 (5), *Navy Regulations*).

## 329

**Cases Submitted to the Judge Advocate General.**—Requests submitted to the Judge Advocate General of the Navy for misconduct decisions should be forwarded via the Bureau and be accompanied by duplicate copies of:

- (a) All medical history contained in the current Health Record.
- (b) The patient's own statement in rebuttal.
- (c) Opinions of the medical and commanding officers.
- (d) Any other pertinent information.

## 3210

**Delay Occasioned by Condition of the Patient.**—If the condition of the patient makes it impracticable or inadvisable to inform him of an adverse entry as to the origin of his disease or injury, this fact shall be noted on his Health Record by the medical officer. As soon as circumstances permit, the patient shall then be informed, and the fact noted on the Health Record (Art. 1196 (6), *Navy Regulations*).

## 3211

**Disabilities Due to Alcohol or Drugs.**—If a disability is acquired which is considered to be due to the patient's own misconduct, the medical officer shall determine whether it is due to the effects of a

## PT. III, CH. 2. MISCONDUCT AND LINE OF DUTY STATUS

disease (as distinguished from an injury) which is directly attributable to and immediately follows the person's own intemperate use of alcoholic liquors or habit-forming drugs and shall enter his findings on the Health Record (Art. 1196 (2), *Navy Regulations*). No fixed rule may be stated that can be applied in all cases as to what amount of ingestion of alcoholic beverages may be considered to constitute "intemperate use." This term contemplates excessive use of alcohol. If the indulgence was not willful but was a symptomatic expression of a preexisting disease or mental disorder, the underlying preexisting disease or mental disorder shall be made the primary diagnosis and shall not be imputed to misconduct. In every such case the nature of the underlying illness shall be clearly stated.

## 3212

**Entries Regarding Disabilities Due to Alcohol or Drugs.**—Every entry regarding a disability resulting from alcoholism or drug addiction, in which the disability is stated as not due to the patient's own misconduct, must be complete with regard to circumstances attending the incidence of the disability. If a disability is not a result of alcoholism or drug addiction, but is considered otherwise due to the patient's own misconduct, the entry concerning it should clearly detail the circumstances surrounding the origin.

## 3213

**Report of Excessive Use of Intoxicants or Drugs.**—3213.1. Whenever a medical officer makes an entry in a Health Record indicating the use by an officer of intoxicants or drugs that tend to disqualify him physically, mentally, or morally for service, he shall immediately submit through official channels a written statement of the fact, quoting the entry, to the commanding officer concerned (Art. 137 (10), *Navy Regulations*).

3213.2. Whenever any person on active service in the Navy or Marine Corps is absent from his regular duties on account of the effects of a disease (as distinguished from an injury) which is directly attributable to and immediately follows his intemperate use of alcoholic liquors or habit-forming drugs, the medical officer in charge of his case shall prepare and forward to the commanding officer a "Misconduct Report" (Admission). When the patient is discharged to duty or the conduct status is changed a "Misconduct Report" (Discharge) shall be submitted to the commanding officer. Reports upon officer personnel shall be prepared in duplicate, one for the commanding officer, the other for the disbursing officer. Reports upon enlisted personnel shall be prepared in triplicate, one for the commanding officer, one for the disbursing officer, and the other for the officer having custody of the man's enlistment record (Art. 1196 (9), *Navy Regulations*).

## 3214

**Drunkenness.**—When called upon to examine a person for drunkenness, the medical officer's duties are threefold. First and most im-

## SECTION II. MISCONDUCT STATUS

portant and requiring immediate attention is the determination of whether the man's condition or conduct is wholly or in part owing to a cause other than drunkenness, such as skull fracture, diabetic coma, or an internal injury or hemorrhage. This may require extensive examinations of the patient and of his body fluids. A coincident duty is appropriate treatment of the patient. The third duty is the report to the officer requiring the examination, and a record of all details of the physical condition of the patient, his actions, and his reaction to tests, for future reference and for the patient's Health Record. It should be remembered that the opinions of others besides medical officers are competent in court-martial as to drunkenness. The opinion of the medical officer carries great weight, however, especially if supported by a detailed account of the symptoms and signs elicited, and evidence that no condition other than drunkenness caused them.

## 3215

**Misconduct Status of Venereal Disease.**—3215.1. Venereal disease shall not be considered to have been incurred through misconduct, unless the individual involved fails to comply with Navy regulations requiring him to report and receive treatment for such disease. The failure to report and receive treatment for an initial venereal infection or for any recurrence, complication, or sequela of a venereal infection, occurring while in the naval service, shall be considered as misconduct. Medical officers making misconduct entries concerning venereal infections should be guided by *Court-Martial Order No. 2-1945*, pp. 66-69.

3215.2. In all cases of venereal infection, the medical officer shall obtain a complete record of all available pertinent information noting particularly dates of exposure, location and date of appearance of initial symptoms, and, for the purpose of identifying recurrences, dates of previous infections, and presence of any complications. In cases of venereal disease which are found to be due to misconduct an entry shall be made on the Health Record in accordance with Article 1196, *Navy Regulations*. No checkage of pay will be made.

## 3216

**Absence Due to Alcohol or Drugs.**—3216.1. When the medical officer determines that a person in the naval service has been absent from duty because of a disability due to his own misconduct, and the commanding officer concurs, the individual shall be informed of the finding and permitted to present any evidence in rebuttal he may desire. If the commanding officer does not concur in the finding of the medical officer, he shall appoint a board of officers of not less than two members, one of whom shall be a medical officer, to inquire into the case and make recommendations concerning it. Any statement in rebuttal, evidence, and the report of the board shall be forwarded to the Bureau for an expression of medical opinion and then referred to the Judge Advocate General for decision. The Bureau will inform the commanding officer of the decision, and it shall be

## PT. III, CH. 2. MISCONDUCT AND LINE OF DUTY STATUS

entered on the Health Record of the person concerned. No person with misconduct status undetermined shall be discharged from the service before instructions have been obtained from the Navy Department (Art. 1196 (8), *Navy Regulations*).

3216.2. The period of absence and the cause thereof shall be determined under such procedure and regulations as may be prescribed by the Secretary of the Navy and such determination shall be final and conclusive for all purposes (Act of May 17, 1926, ch. 302, 44 *Stat.* 557-558, as amended; *General Order No. 225*). For time on the sick list due to misconduct the date the patient is admitted to the sick list shall be counted as a day of absence, while the date of discharge from the sick list shall not be counted as a day of absence. Inclusive dates shall be shown in all cases (*Dec. of the Comp. Gen.*, A-41619, April 13, 1932). The period of absence for the purpose of checking pay and making good time lost due to misconduct is the time which the individual has lost as a result of his misconduct disability and should not include any further retention on the sick list as a result of administrative delays from any cause, or because of a disability not due to misconduct.

3216.3. Absence without leave on the part of an enlisted man of the Navy is not absence due to misconduct within the purview of the Act of August 29, 1916, and does not automatically extend the length of the enlistment period (Act of Aug. 29, 1916, ch. 417, 39 *Stat.* 580, as amended; 4 *Comp. Gen.* 1026).

## 3217

**Forfeiture of Pay in Cases of Absence Due to Misconduct.—**

3217.1. No person on active duty in the naval service who is absent from his regular duties for more than one day at any one time on account of the effects of a disease (as distinguished from an injury) directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drugs shall be entitled to any pay, as distinguished from allowances, for the period of such absence (Act of May 17, 1926, ch. 302, 44 *Stat.* 557-558, as amended; Art. 1196 (8), *Navy Regulations*). To disable oneself for duty as a result of voluntary intemperate use of alcohol or drugs is misconduct. To do so as the result of indulgence which is the symptomatic expression of preexisting disease or mental disorder is not misconduct. The Judge Advocate General has held that loss of pay occurs in cases of absence from duty which are related to alcoholism when the following elements or factors concurrently exist, namely: (a) The absence must be on account of the effects of a disease; (b) the disease must be directly attributable to the man's own use of alcoholic liquor or habit-forming drugs; (c) the disease must immediately follow such use; and (d) such use of alcoholic liquor or habit-forming drugs must be intemperate.

3217.2. When a patient is admitted to the sick list for a disability concerning which the misconduct status is doubtful, and the disability is subsequently found to be due to misconduct, the checkage of pay should date from the original admission. If the original diag-

## SECTION III. LINE OF DUTY STATUS

nosis indicates misconduct, and is later found to be in error, the patient should not be charged with any time lost.

3217.3. Each person whose pay, as distinguished from allowances, is forfeited for a period in excess of one month at any one time, in accordance with provisions of paragraph 3217.1, shall be paid for necessary personal expenses the sum of \$5.00 for each full month during which his pay is forfeited (Act of May 17, 1926, ch. 302, 44 Stat. 557-558, as amended; Art. 1196 (8), *Navy Regulations*).

## 3218

**Early Return to Duty Status.**—Medical officers shall make every effort to return patients in a misconduct status to duty as soon as they have recovered and are fit, in order to prevent injustice to them in the matter of pay. Retention on the sick list beyond the time when a person is fit for the performance of regular duties—i.e., when absence from duty occurs by reason of administrative procedure incident to consideration of, and final action in, the case, such as on a report of medical survey—is not absence from duty on account of the effects of a disease.

## 3219

**Determination of Misconduct Status When the Medical Record Is Incomplete.**—In the event of a death, injury, or disability, when the official medical record may be incomplete and the conduct status undetermined, the Judge Advocate General shall decide whether such death, injury, or disability should be considered due to the person's own misconduct (Art. 1845, *Navy Regulations*).

## SECTION III. LINE OF DUTY STATUS

	Paragraph
Responsibility of the Medical Officer .....	3220
Definition .....	3221
Defects Existing Prior to Entry into the Service .....	3222
Disability Due to Misconduct .....	3223
Absence Without Leave .....	3224
Private Avocation or Business .....	3225
Negligence Not Always Gross Carelessness .....	3226
Line of Duty Status of Death or Disability Resulting from Medical Treatment .....	3227
Line of Duty Status of Suicide .....	3228
Line of Duty Status of a Disability Which Exists as Result of Unreasonable Refusal of Corrective Treatment .....	3229
Entry of "Not in the Line of Duty" in the Health Record .....	3230
No Statement Against Own Interest .....	3231

## 3220

**Responsibility of the Medical Officer.**—In all cases requiring admission to the sick list, the medical officer shall state his opinion as to the line of duty status of the disability concerned. Boards of medical survey are required to express an opinion relative to the line of duty origin of the disability. The line of duty status must be shown on all death certificates. When facts bearing upon not in the line

## PT. III, CH. 2. MISCONDUCT AND LINE OF DUTY STATUS

of duty entries are available, they shall be clearly set forth. The medical officer should determine the line of duty status of every disability upon the merits of the individual case, always bearing in mind that the interest of the individual as well as of the Government must be protected.

## 3221

**Definition.**—An injury or disease incurred during naval service will be considered to have been incurred in line of duty when the individual was on active service in the naval forces, whether on duty or authorized leave, unless such injury or disease:

- (a) Existed prior to his entry into the service.
- (b) Was a result of his own misconduct.
- (c) Occurred while he was avoiding duty by deserting the service, or by absenting himself without leave.
- (d) Occurred as the result of participation in private avocation or business.
- (e) Resulted from or continued because of his refusal to submit to corrective medical or surgical measures which may be properly enjoined upon him.
- (f) Occurred while he was confined under sentence of court-martial or civil court.

## 3222

**Defects Existing Prior to Entry into the Service.**—3222.1. The Navy Department has held generally, in the absence of clear evidence to the contrary, that a person was in a sound condition upon his entry into active service except as to defects officially recorded at that time (*C. M. O.* 2-1941, p. 321). The following evidence may be considered in determining whether or not a disability existed prior to entry into the service: scars, healed fractures, absent or resected parts of organs, supernumerary parts, congenital malformations, lesions or symptoms of chronic disease of a nature that could not have originated during the period of time the patient has been on active duty, and manifestation of disease within less than the minimum incubation period following assignment to active duty. Any presumption as to predisposition or heredity or congenital origin has no place and should not be given consideration in deciding the question of whether or not a particular disability occurred subsequent to enlistment and in the line of duty, where said disability is discovered for the first time while the individual is in a duty status subsequent to his enlistment in the naval service. (See *L. R. N. A.* 1929, p. 1019.) The burden of proof lies upon those who would show that an individual was suffering from a disease prior to his entry into the naval service. (See *L. R. N. A.* 1929, p. 121.)

3222.2. The Veterans Administration, in establishing the rights of an individual to disability benefits, assumes that every person in the active military or naval service was in sound condition when examined for entry into the service, except as to defects, infirmities, or disorders noted at that time, or except when clear and unmistakable evidence demonstrates that the injury or disease existed prior to entry and was not aggravated by service (par. 1 (b), Part I, *Veterans Regulations*, No. 1 (a), as amended). For aggravation by service, reference should be made to paragraph 3319.8.

## SECTION III. LINE OF DUTY STATUS

## 3223

**Disability Due to Misconduct.**—A disability due to the patient's own willful misconduct shall not be considered as having been incurred in the line of duty (Sec. II above).

## 3224

**Absence Without Leave.**—A disability cannot be incurred in the line of duty while the individual is avoiding duty by deserting the service, or by absenting himself without leave.

## 3225

**Private Avocation or Business.**—A disability incurred by an individual pursuing a private avocation or business is not incurred in the line of duty. Avocation is not to be confused with mere recreation. A member of the naval service injured in driving a taxi for personal gain while off duty would be considered to have acquired a disability not as a result of an incident of the service; whereas a disability incurred by an individual on liberty or leave while swimming or hunting for recreational purposes, may be considered in the line of duty.

## 3226

**Negligence Not Always Gross Carelessness.**—An injury suffered by a person otherwise in the line of duty shall not be held "not in the line of duty" because his negligence contributed to the injury or because it was the result of participation in some form of lawful sport or recreation not contrary to regulations or orders (32 *Opinions of the Attorney General* 12, 24).

## 3227

**Line of Duty Status of Death or Disability Resulting from Medical Treatment.**—Death or any other untoward effect directly attributable to medical or surgical treatment shall be regarded as having been incurred in the line of duty, regardless of the line of duty status of the original condition.

## 3228

**Line of Duty Status of Suicide.**—In a case of suicide, the conduct status depends upon the sanity of the deceased at the time of death. If the deceased was insane, regardless of the cause, at the time of his self-destruction, his death is not a result of his own misconduct. The line of duty status in such cases depends upon the origin of the underlying mental condition. If the underlying mental condition was incurred in the line of duty, the death should be considered as in the line of duty. The same reasoning is to be followed in cases of injury resulting from unsuccessful attempts at self-destruction.

## PT. III, CH. 2. MISCONDUCT AND LINE OF DUTY STATUS

## 3229

**Line of Duty Status of a Disability Which Exists as Result of Unreasonable Refusal of Corrective Treatment.**—A man's unreasonable refusal of corrective treatment for a disability, even though it may have been incurred in line of duty, is misconduct; a disability which continues as result of such misconduct is not in line of duty. Unreasonable refusal, except in those cases in which the commanding officer has authority under *General Order No. 211* to make the decision, can be established only by the Bureau of Naval Personnel or Commandant of the Marine Corps after consideration of (a) a report of medical survey; (b) advice of the Bureau of Medicine and Surgery; and (c) any written statement the man may care to submit in his own behalf. Should the Bureau of Naval Personnel or Commandant of the Marine Corps find refusal of corrective treatment unreasonable, the man's commanding officer shall inform him of the administrative determination in his case, and order him to accept the treatment recommended. Failure or refusal to comply with such an order involves breach of discipline. "Misconduct" and "not in the line of duty" entries shall be made only at this time, and not before (*General Order No. 211*).

## 3230

**Entry of "Not in the Line of Duty" in the Health Record.**—Medical officers making entries in an individual's Health Record that the disability for which he is admitted to the sick list was incurred not in the line of duty shall verbally inform the patient that he may submit a statement in rebuttal if he so desires. Any rebuttal statement by the patient shall be entered in the Health Record but need not be forwarded to the Bureau for opinion.

## 3231

**No Statement Against Own Interest.**—No person in the armed forces shall be required to sign a statement of any nature relating to the origin, incurrence, or aggravation of any disease or injury he may have, and any such statement against his own interest signed at any time, shall be null and void and of no force and effect (Act of Jan. 22, 1944, ch. 268, sec. 105, 58 *Stat.* 285).

## PART III—CHAPTER 3

### THE MEDICAL SURVEY

	Paragraphs
Section I. PROVISIONS GOVERNING MEDICAL SURVEY....	331—336
II. CONDITIONS REQUIRING MEDICAL SURVEY....	337—3316
III. REPORT OF MEDICAL SURVEY—GENERAL.....	3317—3322
IV. REPORT OF MEDICAL SURVEY IN SPECIAL CASES	3323—3330

#### SECTION I. PROVISIONS GOVERNING MEDICAL SURVEY

	Paragraph
General .....	331
Convening Authority .....	332
Composition of Board .....	333
When Made .....	334
Patient to Appear Before Board .....	335
Reporting .....	336

#### 331

**General.**—A board of medical survey is an administrative board by which the Navy Department obtains a considered opinion regarding the physical fitness of naval personnel. There are no specific statutes or administrative holdings prescribing the procedure to be followed by boards of medical survey. Hence meetings and proceedings may be conducted informally, and it is not required that the information upon which the findings of such boards are based meet standards of admissibility as evidence in a judicial proceeding. In view of the fact that information contained in reports of medical survey may, however, play an important role in determining the rights of an individual to such benefits as pensions, retirement, compensation, promotion, income tax exemptions, death gratuity, and civil service preference, it is imperative that all available information concerning the origin, the nature, the conduct status, and the aggravation by service of a disability be included in the board's report. This information should be presented in a clear, concise, and orderly manner and should include sufficient information concerning the present condition of the patient to justify fully the disposition recommended by the board of medical survey.

#### 332

**Convening Authority.**—A board of medical survey may be convened by the commander in chief of a fleet, the commandant of a station, the senior officer present, or by a division commander in a fleet, upon any officer or other person under his command, on the request of the senior medical officer of the ship or station where the person is serving (*Art. 1197, Navy Regulations*).

#### 333

**Composition of Board.**—A board of medical survey shall consist, when practicable, of three medical officers. If it is inconvenient to

## PT. III, CH. 3. THE MEDICAL SURVEY

detail three medical officers, two will suffice. In extreme cases, or on board a ship on detached service, the survey may be held by the medical officer of the ship (Art. 1198, *Navy Regulations*).

## 334

**When Made.**—A request for medical survey may be made when it is desirable to obtain decisions regarding fitness for duty, to obtain an opinion as to the nature of a case, or to establish the origin of a disability. No person shall be surveyed until admitted to the sick list. Conditions requiring medical surveys are covered in Section II below.

## 335

**Patient to Appear Before Board.**—Any individual whose case is considered by a board of medical survey shall appear before the board in person, provided he is physically able to appear and provided it is considered that information thus imparted to him concerning the nature of his disability will not adversely affect his health.

## 336

**Reporting.**—Reports of medical survey shall be submitted on NAV-MED-M, and shall conform to the provisions of Section III below.

## SECTION II. CONDITIONS REQUIRING MEDICAL SURVEY

	Paragraph
General .....	337
Persons Continuously on the Sick List .....	338
Discharge Because of Physical Disability .....	339
Transfers Between Hospitals .....	3310
Special Conditions Affecting Officers .....	3311
Officers Granted Sick Leave .....	3312
Personnel Fit Only for Limited Duty .....	3313
Personnel in the Fleet Reserve or Fleet Marine Corps Reserve.....	3314
Enlisted Men Not Qualified for Reenlistment .....	3315
Patients Refusing Medical and Surgical Treatment .....	3316

## 337

**General.**—Medical officers, particularly those in command of naval hospitals, shall request a medical survey promptly in any case in which it is evident that a patient is permanently incapacitated for further service, in order that final action may be taken and the place in the service filled. Requests for medical survey should be made when, in the opinion of the medical officer, any person becomes unfit for further duty or for certain types of duty on account of ill health or injury. Medical surveys may be held when it is necessary for any reason to make a formal medical determination of the physical condition of an individual in the service. Boards of medical survey shall also be convened for the purpose of determining the physical condition of persons ordered before such boards by the Bureau of Naval Personnel, the Commandant, Marine Corps, or the Bureau.

## SECTION II. CONDITIONS REQUIRING MEDICAL SURVEY

338

**Persons Continuously on the Sick List.**—A report of medical survey shall be requested upon each officer, midshipman, or person in an officer candidate program who has been on the sick list continuously for three months and upon all enlisted personnel who have been continuously on the sick list for a period of six months, regardless of any change of station which may have occurred. Thereafter a report of medical survey shall also be submitted at the expiration of each three-month period for officers and of each six-month period for enlisted men. Any officer who has been previously surveyed for further treatment shall again be brought before a board of medical survey before being returned to duty or otherwise disposed of.

339

**Discharge Because of Physical Disability.**—339.1. Without specific authority from the Navy Department, no person in an active duty status may be released from active duty or discharged from the service by reason of physical disability except upon recommendation of a board of medical survey. (See also Article D-9105, *Bureau of Naval Personnel Manual*. Reference should also be made to paragraph 21119 of this Manual for information on discharges recommended by aptitude boards.)

339.2. Commandants of naval districts and of the river commands and commanding officers of all naval training stations may discharge recruits who present positive Kahn tests, resulting from syphilis acquired prior to enlistment, without a report of medical survey.

3310

**Transfers Between Hospitals.**—3310.1. Medical surveys are not required for the purpose of transferring patients between naval or naval special hospitals, except when the patients concerned are psychotic. No person in the naval service shall be transferred from a naval or naval special hospital to a non-naval hospital, such as the Army and Navy General Hospital, St. Elizabeths Hospital, and other hospitals of the Public Health Service, except upon the recommendation of a board of medical survey. Transfer of patients between naval or naval special hospitals, except transfer between hospitals in the same naval district, requires prior authorization from the Bureau in order that there may be available bed space in the hospitals to which transfer is being effected. Transfers between hospitals in the same naval district require the approval of the district commandant.

3310.2. From ships at sea, patients requiring hospital treatment should be transferred to a hospital ship or hospital for treatment and further disposition, and a medical survey is not required for such a transfer.

3310.3. A report of medical survey is required to evacuate officer patients from overseas hospitals to hospitals in the United States.

343

## PT. III, CH. 3. THE MEDICAL SURVEY

## 3311

**Special Conditions Affecting Officers.**—3311.1. When an officer has been undergoing treatment at a naval hospital for a severe or possibly incapacitating condition or a disability which may militate against his chances of selection for promotion, he shall be ordered before a board of medical survey before being returned to duty. Officers who have had a major operation or who have suffered from mental or nervous disturbance, severe constitutional condition, or other severe condition or disease, and especially those suffering from injury, are particularly to be considered. The report shall contain full details relative to the case, including a specific statement as to whether the officer is, or is not, considered physically qualified to perform all the duties of his rank at sea or in the field, in order that the Bureau of Naval Personnel, the Commandant, U. S. Marine Corps, or the Commandant, U. S. Coast Guard, will have the necessary information on which to assign the officer to his next duty. This is especially important with regard to officers who were admitted from sea duty or duty in the field, or officers who are due for assignment to sea duty or duty in the field in the near future.

3311.2. When an officer candidate or midshipman has been undergoing treatment at a naval hospital for a severe or possibly incapacitating condition which may disqualify him for appointment, he shall be ordered before a board of medical survey before being returned to duty.

## 3312

**Officers Granted Sick Leave.**—Naval or Marine Corps officers shall be granted sick leave only upon the recommendation of a board of medical survey approved by the Bureau and the Bureau of Naval Personnel or Commandant, Marine Corps, as the case may be, and shall be brought before a board of medical survey to determine their fitness for duty upon the expiration of sick leave. If, in the opinion of the board, there is no substantial doubt that an individual will be fit for duty upon the expiration of sick leave, the board shall so state in its report. In such event, orders to duty may be issued effective upon return from sick leave, delivery of which orders will be conditioned upon a confirmatory finding by a board of medical survey after the patient has returned from sick leave.

## 3313

**Personnel Fit Only for Limited Duty.**—If, in the opinion of the medical officer in charge of his case, any officer or enlisted person in the naval service becomes physically fit only for limited duty, the officer or enlisted person concerned shall be brought before a board of medical survey. In the case of officer personnel, if complete recovery is subsequently achieved, action by a board of medical survey shall again be sought in order to remove limitations of duty previously approved. Enlisted personnel previously surveyed to limited duty shall be reexamined every six months with a view to

## SECTION III. REPORT OF MEDICAL SURVEY—GENERAL

restoration to a full duty status, and notation of the examination shall be made in the Health Record.

## 3314

**Personnel in the Fleet Reserve or Fleet Marine Corps Reserve.**—If the retirement or return to inactive duty of personnel in the Fleet Reserve or Fleet Marine Corps Reserve is considered necessary by reason of physical disability, they shall be brought before a board of medical survey for its recommendation.

## 3315

**Enlisted Men Not Qualified for Reenlistment.**—Whenever enlisted men are under treatment at the time their enlistment expires and their condition is such that there is no possibility they may be reenlisted, they shall be surveyed with a view to discharge by reason of “medical survey” instead of being discharged by reason of “expiration of enlistment.” This procedure is desirable in view of existing law which provides that the official records of the Navy may be accepted by the Veterans Administration for the purpose of determining eligibility for immediate hospitalization and other benefits in those cases in which the records show the individual was discharged under conditions other than dishonorable from the service on account of disability incurred in line of duty. (For Marine Corps personnel, see also paragraph 2122 of this Manual and Article 3-13 (2) (d), *Marine Corps Manual*.)

## 3316

**Patients Refusing Medical and Surgical Treatment.**—In accordance with the provisions of *General Order No. 211*, members of the naval service who are mentally competent and who refuse to submit to recommended medical, surgical, dental, or diagnostic measures, other than routine treatment for minor or temporary disabilities (par. 12B31), shall be brought before a board of medical survey consisting of not less than three medical officers. The board shall submit its recommendations in accordance with the provisions of paragraph 3327 below.

## SECTION III. REPORT OF MEDICAL SURVEY—GENERAL

	Paragraph
Preparation and Routing .....	3317
Disposition of Patients .....	3318
Form of Entries .....	3319
Recommendations by Boards of Medical Survey Concerning Officers....	3320
Recommendations by Boards of Medical Survey Concerning Enlisted Personnel .....	3321
Entry in Health Record Required .....	3322

## 3317

**Preparation and Routing.**—3317.1. Reports of medical survey shall be made upon NAVMED-M and shall ordinarily be forwarded in

## PT. III, CH. 3. THE MEDICAL SURVEY

quadruplicate for naval personnel and in quintuplicate for Marine Corps personnel. In reports on midshipmen and in those reports in which the board of medical survey recommends transfer to a Veterans Administration facility for further treatment, the original and four copies of the report shall be submitted. Only the original and one copy of the report of medical survey shall be forwarded to the Bureau in those cases listed in paragraph 3318.2. All copies of reports of medical survey shall be legible.

3317.2. Reports of medical survey on Navy and Marine Corps personnel submitted from naval hospitals and naval special hospitals within the continental United States shall be forwarded by the medical officer in command direct to the Bureau. Reports of medical survey on Navy and Marine Corps personnel submitted from all other activities shall be forwarded to the Bureau via the commanding officer and the officer convening the board. Reports of medical survey of Coast Guard personnel shall be forwarded to the Commandant, U. S. Coast Guard, via the commanding officer of the unit to which the individual is attached or via the District Coast Guard Officer of the district in which the hospital is located. Reports of medical survey shall be forwarded by air mail if such a procedure will reduce the time in transit by 48 hours or more.

3317.3. After the Bureau has acted on a report of medical survey, copies are forwarded to the Bureau of Naval Personnel or the Commandant, U. S. Marine Corps, and one of these copies, showing the action taken on the report by the Navy Department, is returned, in the case of officer personnel, to the activity from which it originated, for information and compliance, or, in the case of enlisted personnel, to the activity to which the survey report indicates the individual concerned has been transferred.

## 3318

**Disposition of Patients.**—3318.1. Except as otherwise provided in paragraph 3318.2 or by special authority granted by the Bureau of Naval Personnel, no patient who has been surveyed shall be disposed of until the activity submitting the report has been informed, by receipt of the returned copy or by other official notification, of the action taken by the Navy Department on the report.

3318.2. Medical officers in command of naval hospitals and naval special hospitals in the continental United States, and (for medical surveys on enlisted personnel who are undergoing and have not completed recruit training) commanders of naval training centers, may take final action on reports of medical survey of enlisted personnel of the Navy and Marine Corps and the Naval Reserve and Marine Corps Reserve, excluding aviation cadets, student aviation pilots, student aircraft intercept operators, and others in officer candidate programs, in the following cases:

(a) When the board recommends transfer of a psychotic patient to another naval hospital or to the U. S. Public Health Service Hospital at Fort Worth, Texas, or St. Elizabeths Hospital at Washington, D. C.

(b) When an enlisted man of the Navy is on the retired list and the board of medical survey recommends release to inactive duty.

## SECTION III. REPORT OF MEDICAL SURVEY—GENERAL

(c) When the board recommends discharge by reason of physical disability and the individual is entitled to an honorable discharge or a discharge under honorable conditions, in the case of:

(1) An individual who presents a physical or mental disability, unless he falls under the categories defined in paragraph 3318.3. In psychotic cases the provisions of paragraph 3325 shall be complied with.

(2) An individual who presents a personality defect, such as constitutional psychopathic inferiority or personality disorder, except in those cases defined in paragraph 3318.3.

(d) When the board of medical survey finds an enlisted man of the Navy or Naval Reserve presents the disability motion sickness (seasickness). (See par. 3324.1 for appropriate disposition.)

(e) When the board of medical survey finds an enlisted man of the Navy or Naval Reserve is color blind or has defective vision or hearing, but meets the physical standards for induction into the Navy as "Special Assignment" and is otherwise qualified for retention in the naval service. (See par. 3324.1 for appropriate disposition.)

3318.3. All cases other than those listed in paragraph 3318.2, including the following, shall be forwarded via the Bureau to the Bureau of Naval Personnel or Commandant, Marine Corps, for final action:

(a) Those involving enlisted personnel of the Marine Corps on the retired list who are recommended for release to inactive duty.

(b) Those involving fleet reservists and other enlisted personnel who have completed 10 or more years of active naval service.

(c) Those in which the medical officer in command considers that the individual should be discharged by reason of unsuitability, inaptitude, or unfitness rather than by reason of medical survey.

(d) Those involving individuals only partially disabled who are physically qualified for retention on limited duty.

(e) Those involving an individual who has disciplinary action pending, or an individual recommended for discharge because of a personality defect who has had one general court-martial or more than one summary court-martial.

(f) Those involving a disability which is considered by the board to have been the result of the individual's own misconduct.

(g) Those in which the individual concerned submits a statement in rebuttal.

(h) Those in which discharge is recommended because the individual refuses surgical operation for an incapacity which is correctible and should be corrected under the provisions of *General Order No. 211*.

(i) Those involving transfer to a hospital other than a naval hospital, except in accordance with the provisions of paragraph 3318.2 (a).

(j) Those cases having one of the following diagnoses:

(1) No disease.

(2) Chronic alcoholism.

(3) Drug addiction.

(4) Pathologic sexuality or sexual perversion.

(5) Combat or operational fatigue.

(6) Malaria or filariasis, except those personnel of the Marine Corps and Marine Corps Reserve who are eligible for separation under Marine Corps Letter of Instruction No. 1108.

3318.4. When disposition of patients reported upon is made locally, under the provisions of paragraph 3318.2, only the original and one copy of the report of medical survey shall be submitted via the Bureau to the Bureau of Naval Personnel.

## PT. III, CH. 3. THE MEDICAL SURVEY

3319

**Form of Entries.**—3319.1. **DATE OF SURVEY.**—The date entered shall be the date on which the survey board met and not the date the report was typed or forwarded.

3319.2. **IDENTIFICATION DATA AND DATA CONCERNING SERVICE.**—NAVMED-M is self-explanatory as to the identification data and data concerning service required.

3319.3. **ADMITTED FROM AND DATE OF ADMITTANCE.**—The dispensary, hospital, or other activity from which the patient was admitted or transferred shall be stated, with the date of admittance. If the patient was ordered to the hospital by Bureau of Naval Personnel orders for the purpose of a medical survey, this fact shall also be stated.

3319.4. **DIAGNOSIS.**—The diagnosis shall correspond with that under which the patient is carried on the sick list. The diagnosis number, and the key letter in case of injury, shall also be recorded. Injuries and poisonings shall be classified in accordance with the instructions in paragraph 2311.

3319.5. **MISCONDUCT STATUS.**—The board shall state whether, in its opinion, the disease or injury is or is not due to the patient's own misconduct (Art. 1196, *Navy Regulations*). When the disability is considered as due to the patient's own misconduct, the board shall state clearly in the body of the report the reasons for its opinion, and shall conform to the provisions of paragraph 3319.9. (Reference should be made to Part III, Chapter 2.)

3319.6. **LINE OF DUTY STATUS.**—Reference should be made to Part III, Chapter 2, for information on the line of duty status of a disability. Boards of medical survey making "not in the line of duty" entries shall conform to the provisions of paragraph 3319.9.

3319.7. **EXISTED PRIOR TO APPOINTMENT OR ENLISTMENT.**—For provisions concerning disabilities existing prior to entry, reference should be made to paragraph 3222.

3319.8. **AGGRAVATION BY SERVICE.**—Reports of medical survey are required to show whether or not the disability was aggravated by service. This information is primarily for the benefit of the Veterans Administration in connection with claims for pensions. Aggravation by service is construed to mean any increase in disability during service in excess of the usual rate of progression of that disease or disability, basing the standard upon clinical and pathological evidence generally accepted by the medical profession. In the question of aggravation, great weight attaches to the report of examination at the time of entrance into active service. Medical judgment alone, as distinguished from well-established and accepted medical principles, is not sufficient to support a finding of natural progress. Medical or surgical treatment furnished during service for preexisting conditions does not of itself establish evidence of an increase in disability, but increase in severity necessitating treatment, unless the disability is actually improved thereby, may do so. Discovery or notation of healed residuals of former injury or disease, without evidence of active pathology during service, does not reflect increased

## SECTION III. REPORT OF MEDICAL SURVEY—GENERAL

disability. Mere recurrences within a short period after entrance into active service, such as epileptic seizures, seasonal asthma, recurrent dislocations, etc., do not establish increase in the degree of disability. There are certain diseases, such as new growths (including most endocrine disturbances, but not hyperthyroidism or diabetes mellitus), epilepsy, arteriosclerosis, and osteoarthritis, which, in the absence of pertinent local injury or abrupt and sudden pathological development, do not of themselves reflect increase in severity. On the other hand, advancement of conditions such as peptic ulcer, atrophic arthritis, diabetes mellitus, active pulmonary tuberculosis, bronchial asthma (not established as seasonal), and dementia praecox (with any sudden alteration of personality), can be expected from the unusual exertion, exposure, emotional stress or strain, or other adverse influence of the service. Acute infections, such as pneumonia, active rheumatic fever (even though recurrent), acute pleurisy, acute ear disease, and sudden developments, such as hemoptysis, lung collapse, perforating ulcer, decompensating heart disease, coronary occlusion or thrombosis, and cerebral hemorrhage occurring in service are service incurred or aggravated unless it is shown by clear and unmistakable evidence that there was no increase in severity during service. Even though prior existence of a condition not noted by the report of examination at the time of entrance into active service may be established by clear and unmistakable evidence, the records and affidavits of physicians, hospitals, or institutions cannot be accepted to controvert the report of examination at the time of entrance as to the severity of the preexisting condition unless such records and affidavits constitute conclusive evidence (Veterans Administration, *Instruction No. 1*, secs. 9a and 9b, Public Law 144, 78th Congress). In interpreting the instructions of the Veterans Administration, it is to be remembered that many individuals must necessarily be given a trial under actual service conditions in order to determine whether they are suitable service material. Those who lack the resourcefulness, the stamina, or the ability to adjust are likely to develop symptoms which may indicate unfitness for service, but do not necessarily mean the individual will be incapacitated to a greater extent following his discharge from service than he was prior to entry.

3319.9. ADVERSE ENTRIES.—When a board of medical survey makes an entry to the effect that a disability was incurred not in the line of duty or through misconduct, the senior member of the board shall inform the patient verbally of such entry. The board shall then afford him an opportunity to submit a statement in rebuttal. The report of medical survey shall contain the following statement: "The patient has been informed of the board's finding and does (does not) desire to submit a statement in rebuttal." If a patient submits a statement in rebuttal, it shall accompany the report of medical survey to the Bureau but shall not be incorporated into it. In the event the condition of the patient is such as to render it inadvisable or impracticable to inform him of an adverse entry, this fact shall be noted on the report (Arts. 1195 and 1196, *Navy Regulations*).

3319.10. SUMMARY OF CASE HISTORY.—The facts are to be pre-

## PT. III, CH. 3. THE MEDICAL SURVEY

sented briefly and concisely and should show the reason for admission to the sick list; substantiate the diagnosis and any change thereof; confirm the board's opinion relative to misconduct, origin of disability, service aggravation, present condition of patient, and probable duration of the disability; and justify the recommendation. The pertinent facts relating to the present history of the case, especially all facts and circumstances regarding the origin of the disease or injury, or connecting it with the performance of duty or exposure incident thereto, and a brief description of the existing disability shall be given. Any facts which are not a matter of record or of personal knowledge to a member of the board, but which are based on the man's own statement, should be recorded as "according to the man's own statement." Information derived from medical-social case reports obtained from or through social agencies may be included only with the name of the agency submitting the report, the names and addresses of the members of the agency who participated in the preparation of such reports, the names and addresses of all persons interviewed in connection with the preparation of such reports, nature of the statement made by each and to whom made, and the relationship or capacity in which the information was received. Since Red Cross medical-social reports are confidential, information derived from these reports shall not be entered in reports of medical survey.

3319.11. **PRESENT CONDITION.**—"Fit for duty," "unfit for duty," or "unfit for service," shall be the terms used. "Fit for duty" shall mean either fitness for full duty or fitness for limited duty; in the latter case the recommendation (pars. 3320, 3321, and 3324) shall indicate the type of duty which the patient may perform. "Unfit for duty" shall mean temporary unfitness for duty; "unfit for service" shall mean permanent unfitness for duty.

3319.12. **PROBABLE FUTURE DURATION.**—When unfitness is found and is regarded as temporary, either an estimate of its duration or the term "temporary" shall be used. When the unfitness is permanent, the term "permanent" shall be used. When the probable duration of unfitness for duty is very uncertain, the term "indefinite" shall be used.

## 3320

**Recommendations by Boards of Medical Survey Concerning Officers.**—3320.1. **GENERAL.**—In the case of an officer, the board may recommend that treatment be continued, that he be detached and transferred to a hospital, that he be transferred to a hospital for treatment with a view to his return to the ship or station, that he be given sick leave, that he be returned to duty, that he be released from active duty, or that he be brought before a retiring board; or may make such other recommendation as is considered appropriate. The board shall make appropriate recommendation as to the disposition of patients considered disabled for performing all their duties (par. 3320.2).

3320.2. **RELEASE FROM ACTIVE DUTY OR APPEARANCE BEFORE A RETIRING BOARD.**—(a) For the purpose of enabling a determination to be made as to whether or not an officer is eligible for retirement or other

## SECTION III. REPORT OF MEDICAL SURVEY—GENERAL

benefits prescribed by law, and in order that the Bureau of Naval Personnel, the Commandant, U. S. Marine Corps, or the Commandant, U. S. Coast Guard, may prepare necessary orders without delay, boards of medical survey shall include in their reports the following information on all officers of the Navy, Marine Corps, and Coast Guard and the Naval Reserve, Marine Corps Reserve, and Coast Guard Reserve who are considered incapacitated for the performance of all the duties of their rank and recommended to be discharged, released from active duty, or brought before a retiring board:

- (1) The officer's permanent status.
- (2) His temporary rank or ranks (if any) and dates of appointments or promotions.
- (3) The opinion of the board of medical survey as to the time the disability was incurred in relation to the dates of temporary appointments or promotions.
- (4) If a reserve officer, the opinion of the board whether the defect or disease which resulted in the disability existed prior to the date he reported for active duty.
- (5) The opinion of the board whether the officer does or does not require further hospitalization.
- (6) The opinion of the board whether the officer is fit for (a) shore duty only, (b) shore duty within the continental limits of the United States, (c) limited shore duty within the continental limits of the United States, or (d) is not fit for any duty.

(b) In view of the specific provisions of law, retiring board proceedings should not be recommended by survey boards in the following cases:

- (1) Reserve officers, unless the disability was incurred in line of duty after being ordered or called to active service in excess of 30 days.
- (2) Retired officers, unless the disability was incurred in line of duty in time of war or national emergency.
- (3) Temporary officers (with no permanent officer status), unless the disability was incurred in line of duty in time of war or national emergency while serving under temporary appointment in officer rank.

3320.3. STATEMENT REQUIRED OF OFFICERS RECOMMENDED TO APPEAR BEFORE RETIRING BOARDS.—If retiring board proceedings are recommended, a signed statement by the officer concerned that he does, or does not, waive his rights to appear before a naval retiring board, shall accompany the report of the board of medical survey. The statement shall be in the following form:

In the event naval retiring board proceedings be instituted for the consideration of my case, I waive (or) do not waive my rights to appear before the naval retiring board or to be there represented by counsel.

If the officer waives the right to appear before a retiring board, the following statement shall be included:

I certify that I have been informed of the contents of the report of medical survey as required by Article 1195 (2), *U. S. Navy Regulations*, and that I am fully cognizant of the provisions of Section 958, *Naval Courts and Boards*.

Recommendations by Board of Medical Survey Concerning Enlisted Personnel.—3321.1. In the case of enlisted personnel, the

## PT. III, CH. 3. THE MEDICAL SURVEY

board may recommend that treatment be continued, that they be sent to a hospital for treatment or observation, that they be discharged from the service, or that they be returned to duty; or may make such other recommendation as may be appropriate.

3321.2. Enlisted men who are surveyed on foreign stations and are considered unfit for service and not requiring hospital treatment, may be recommended for discharge from service. In such cases the board may specifically recommend that the man be sent to a receiving station for final action rather than to a naval hospital.

## 3322

**Entry in Health Record Required.**—In all cases of medical survey, the medical officer requesting the survey shall have a brief entry of the findings and recommendation of the board entered in the patient's Health Record, except in those cases in which the individual has been transferred to another command in accordance with current directives, prior to receipt of final action upon the survey report.

## SECTION IV. REPORT OF MEDICAL SURVEY IN SPECIAL CASES

	Paragraph
Naval Aviators .....	3323
Limited Duty, Enlisted Personnel .....	3324
Mental Illness .....	3325
Cases in Which Disciplinary Action Is Pending .....	3326
Patients Refusing Medical and Surgical Treatment .....	3327
Patients with Tuberculosis .....	3328
Individuals with Infectious Diseases .....	3329
Transfer to Veterans Administration Facilities .....	3330

## 3323

**Naval Aviators.**—Should a board of medical survey find a naval aviator or naval aviation pilot fit for duty, he shall be directed by the medical officer in charge of the case to report to the nearest aviation activity for the purpose of obtaining a complete flight physical examination by a board consisting of one or more flight surgeons. For this purpose, the Health Record containing all entries relating to the recent illness or injury shall be available for consideration by the board. The board of flight surgeons shall make appropriate recommendations as to fitness of the individual for the actual control of aircraft and such other specific recommendations as the facts and circumstances indicate. In all cases NAVMED-Av-1 (Report of Physical Examination for Flying) shall be completed and forwarded to the Bureau in duplicate with the report of medical survey.

## 3324

**Limited Duty, Enlisted Personnel.**—3324.1. (a) Enlisted personnel found by a board of medical survey to be not physically qualified for all the duties of their rating shall be recommended for discharge except in the cases set forth below:

(1) Men whose disabilities are the result of wounds received in action, or disease incurred in, and peculiar to combat areas.

## SECTION IV. REPORT OF MEDICAL SURVEY IN SPECIAL CASES

(2) Men who present the disability motion sickness (seasickness).

(3) Men who are not physically qualified for general service but who meet the physical standards for induction into the Navy as "Special Assignment," (see NAVMED-216) and are otherwise qualified for retention in the naval service.

(4) Men who are temporarily unfit to perform all the duties of their rating by reason of combat or operational fatigue.

(b) Recommendations for limited duty shall be made for personnel who are in the categories listed in 3324.1 (a), (1), (2), and (4), in accordance with paragraph 3313 and current directives. Personnel in the category defined in paragraph 3324.1 (a) (3) shall be recommended for change in classification to "Special Assignment."

3324.2. In the case of enlisted personnel who are in the categories listed in 3324.1 (a), (1), (3), and (4), the board of medical survey shall include a statement as to whether or not his retention in the service is likely to aggravate the disability. The board shall also outline the limits of duty of which the individual is capable.

## 3325

**Mental Illness.**—3325.1. In recommending disposition of patients with mental illness, boards of medical survey should, in general, be guided by consideration of the patient's welfare, the interest of the next of kin, the interest of the public, and the responsibility of the Navy to a member of the service in whose case a question of mental illness has arisen. The interests of all concerned must be properly protected, and the Bureau must be in a position to justify the action taken. It should be borne in mind that in most instances the Bureau must act on the board's recommendation with no knowledge of the case except as presented in the report. With reference to those individuals who are mentally deficient, or psychopathic with schizoid personality, or who are or recently have been psychotic, the report of medical survey should contain an expression of opinion by the board as to:

(a) Whether the patient is or has recently been psychotic.

(b) Whether the patient is likely to be a menace to himself or others, or whether he is likely to become a public charge.

(c) If recently psychotic, whether recovered to a sufficient degree to warrant discharge into his own custody.

3325.2. In the event a patient whose diagnosis has been changed from one indicative of psychosis to one not indicative of psychosis, appears before a board of medical survey, the report shall state whether the change was made because of error in the original diagnosis. The fact that a psychotic patient has made a partial or complete social recovery does not justify a change of diagnosis; instead, it should be stated that the patient is in a remission or is considered to have made a social recovery.

3325.3. Personnel who have become incapacitated for continuation in the service by reason of mental illness may be recommended for disposition as follows:

(a) Those individuals with mental illness who require commitment to an institution for the care of the insane or who require prolonged observation to establish diagnosis shall be recommended for transfer as provided in paragraph 16B25.2.

## PT. III, CH. 3. THE MEDICAL SURVEY

(b) Those individuals who are eligible for admission to Veterans Administration facilities and require institutional care may be recommended for transfer to such facilities and discharge from the service upon arrival.

(c) Those individuals, such as the harmless psychotic, who are considered not to be a menace to others, able to care for themselves, or to be cared for by friends or their families, may be recommended for separation from the service, if the provisions of paragraph 3325.1 are met.

(d) Those individuals who are considered psychotic and a potential menace to themselves or others may be recommended for separation from the service, provided such action is agreed to or is requested by the next of kin. Such recommendations shall be made only after arrangements have been effected to release the patient into the custody of the next of kin or some other responsible individual designated by the next of kin. A written agreement to accept custody of the patient on discharge should be obtained prior to submission of the report of medical survey and noted thereon. The survey report should also show what arrangements have been effected to assure protection of the patient's and the public's interest while he is en route to his home.

(e) Those individuals who are sane and capable of looking after their own interests should be recommended for appropriate disposition with a view to separation from the service.

## 3326

**Cases in Which Disciplinary Action Is Pending.**—3326.1. When the question of mental competency arises because of pending disciplinary action, the board shall state the nature of the alleged offenses and shall express its opinion not only as to whether the individual was mentally responsible when the alleged offenses were committed and whether he is mentally competent to stand trial, but also as to whether disciplinary action would be likely to have any specially undesirable effects on the patient's mental health and whether he is fit material for retention in the service. Such a statement should approximate the following form: "It is the opinion of the board that this man is competent (not competent) and (not) responsible for his acts now and in the past, and that he was (not) responsible for his acts when the alleged offense or offenses were committed, that he is (not) competent to stand trial, and that disciplinary action is (not) likely to have a deleterious effect on his mental or physical health." In expressing an opinion regarding mental responsibility, the board should consider whether the individual was able to appreciate the nature and quality of his acts, and whether he was able to distinguish right from wrong.

3326.2. Individuals who are considered to have been not mentally responsible at the time the alleged offenses were committed, or not mentally competent at the time of appearance before the board of medical survey, should be recommended for disposition in the same manner as any similar case with no disciplinary action pending.

3326.3. Individuals who are considered to have been mentally responsible when the offenses with which they are charged were committed, to be mentally competent to stand trial, and not to be physically or mentally incapacitated for service should be recommended for return to duty for further disposition and should not be recommended for discharge for medical reasons, even though they are considered undesirable for some other reason such as personality defects or criminal tendencies.

## SECTION IV. REPORT OF MEDICAL SURVEY IN SPECIAL CASES

3327

**Patients Refusing Medical and Surgical Treatment.**—3327.1. In accordance with the provisions of *General Order No. 211*, members of the naval service who are mentally competent and who refuse to submit to recommended medical, surgical, dental, or diagnostic measures, other than routine treatment for minor or temporary disabilities (par. 12B31), shall be brought before a board of medical survey consisting of not less than three medical officers. The board shall study the case, inquire into the merits of the individual's refusal to submit to treatment, and report the facts with their recommendation to the Bureau of Naval Personnel or the Commandant, U. S. Marine Corps, via the Bureau.

3327.2. (a) In surgical cases, the board's report should contain the answers to the following questions:

(1) Is surgical treatment required to relieve the incapacity and restore the individual to a duty status, and may it be expected to do so?

(2) Is the proposed surgery an established procedure that qualified and experienced surgeons would ordinarily recommend and undertake?

(3) Considering the risks ordinarily associated with surgical treatment, the patient's age and general physical condition, and his reasons for refusing treatment, is the refusal reasonable or unreasonable? (Mere fear of surgery or religious scruples in such cases are not to be considered.)

(b) As a general rule, refusal of minor surgery should be considered as unreasonable in the absence of substantial contraindications. Cases of major surgery shall be given most careful individual appraisal. Refusal of major operations may be reasonable or unreasonable, according to the circumstances. The age of the patient, any existing physical contraindications, previous unsuccessful operations, and any special risks, should all be taken into consideration.

3327.3. In medical, dental, or diagnostic cases the board should show the need and risk of the recommended procedure in a manner similar to that prescribed in paragraph 3327.2.

3327.4. If a board of medical survey decides that a diagnostic, medical, dental, or surgical procedure is indicated, these findings must be made known to the patient. The report of the board shall show that the patient was afforded an opportunity to submit a written statement explaining the grounds for his refusal, and any statement submitted shall be forwarded with the report. The patient should be advised at this time that his continued unreasonable refusal may lead to disciplinary action after the review of the survey report by the Chief of Naval Personnel or the Commandant of the Marine Corps (*General Order No. 211*). Reference should be made to paragraph 3329.

3328

**Patients with Tuberculosis.**—3328.1. **GENERAL.**—It is the policy of the Bureau not to return to duty officers and enlisted personnel who are suffering from active pulmonary tuberculosis or who have a history of pulmonary tuberculosis which is of present clinical significance (par. 21103).

3328.2. **DISPOSITION OF OFFICER CASES.**—When a diagnosis of active

## PT. III, CH. 3. THE MEDICAL SURVEY

pulmonary tuberculosis or a history of pulmonary tuberculosis with present clinical significance has been established in the case of an officer, the commanding officer shall have the officer surveyed. The board of medical survey shall recommend (a) transfer to a naval hospital designated for special treatment of tuberculosis cases, where he will be retained for treatment not longer than six months; or (b) appearance before a retiring board (par. 3320.2). Recommendation to appear before a retiring board shall not be delayed in order to afford an officer the opportunity to become due for promotion.

3328.3. DISPOSITION OF MIDSHIPMAN CASES.—(a) When a diagnosis of active pulmonary tuberculosis or a history of pulmonary tuberculosis with present clinical significance has been established in the case of a midshipman, the midshipman shall be surveyed and, when it is believed advisable and he so desires, his transfer to a naval hospital designated for special treatment of tuberculosis cases shall be recommended. If the patient is not sooner discharged, a medical survey shall be held at the expiration of three months' treatment in a hospital.

(b) When transfer to a hospital designated for treatment of tuberculosis is not desired by a midshipman, he shall be surveyed and recommendation made that he be discharged from the service.

3328.4. DISPOSITION OF ENLISTED PERSONNEL.—(a) When a naval hospital receives enlisted patients in whom a diagnosis of tuberculosis is established, they shall be brought before a board of medical survey. The board shall make a statement as to the line of duty status of the disease. Individuals presenting lesions of tuberculous origin which are considered to be of present clinical significance shall be held not physically qualified for retention in the Navy or Marine Corps. Patients found by the board to be permanently unfit for service and to be in need of further hospitalization or sanatorium care shall be transferred to a Veterans Administration facility prior to discharge from the service provided: (1) They are eligible for care and treatment by the Veterans Administration; (2) they desire to be so transferred; and (3) the transfer will not endanger the patient's life or recovery.

(b) Patients on the active list who do not desire such transfer may be recommended for further treatment in the naval hospital with a view either to educating the individual to care for himself or to bringing about an arrest of infection, after which discharge from the service shall be accomplished with recommendation (if desired by the patient) for further retention as a supernumerary until claim for pension shall have been acted upon. If a pension is granted, such a patient may be retained for treatment in any naval hospital as a Veterans Administration patient upon authorization by the regional manager of the Veterans Administration, provided facilities are available.

(c) Patients who are not eligible for transfer to a Veterans Administration facility may be recommended for further treatment as in paragraph (b) above, with subsequent survey for discharge from the service.

(d) Retired personnel and members of the Fleet Reserve or Fleet

## SECTION IV. REPORT OF MEDICAL SURVEY IN SPECIAL CASES

Marine Corps Reserve (transferred after 16 or more years' service) who are not Veterans Administration beneficiaries, should apply for admittance to a naval hospital.

(e) Personnel with tuberculosis who are unfit for service and do not require or desire further treatment shall be surveyed and their discharge or transfer to the Fleet Reserve or Fleet Marine Corps Reserve recommended.

3329

**Individuals with Infectious Diseases.**—When an individual with an infectious disease is recommended by a board of medical survey for discharge from service, a statement shall be made as to whether he is likely to constitute a menace to the public health or to become a public charge. In the event a person so discharged is considered a public health menace (any person with an active venereal disease or pulmonary tuberculosis or active amebiasis shall be considered to be such a menace), the commanding officer of the ship or station or medical officer in command of the naval hospital from which the patient is discharged shall communicate this information to the appropriate civil authorities, in accordance with existing instructions (par. 16A8).

3330

**Transfer to Veterans Administration Facilities.**—3330.1. The Veterans Administration is authorized to furnish, within the limits of its facilities, hospital treatment or domiciliary care to veterans who served during a period of war regardless of the length of that service, who were discharged or released from active service under other than dishonorable conditions, and who swear that they are unable to defray the expense of hospitalization or domiciliary care.

3330.2. War veterans who have service-connected disabilities are given preference when the existing Veterans Administration facilities are inadequate to accommodate all applicants. They are not required to swear inability to defray the necessary expense. Persons whose only service was in time of peace are entitled to hospital treatment and domiciliary care provided they were discharged for disability incurred in the line of duty or are in receipt of a pension for a service-connected disability.

3330.3. Boards of medical survey, therefore, shall consider the facilities of the Veterans Administration with respect to the continued treatment of personnel found disabled for further service. When further hospitalization is indicated, when the patient desires it and is eligible for it, and when the transfer will not endanger his life or recovery, the board of medical survey shall certify that these conditions apply and shall recommend that the patient be transferred to a Veterans Administration facility prior to discharge from the service. The report of the board shall be accompanied by a request for the designation of such facility, in accordance with current instructions.

## PT. III, CH. 3. THE MEDICAL SURVEY

3330.4. Patients transferred to Veterans Administration facilities shall be accompanied by the following records.

(a) Completed application for hospital treatment or domiciliary care (Veterans Administration Form P-10).

(b) Completed application for pension (Veterans Administration Form 526) or a statement showing that the patient does not desire to submit an application for pension.

(c) A copy of the patient's medical history.

(d) A copy of the report of the board of medical survey.

(e) A statement showing the type of discharge (whether honorable or otherwise).

## PART III—CHAPTER 4

### DEATHS AND RESULTING DUTIES

	Paragraphs
Section I. RECORDING AND REPORTING OF DEATH .....	341-3412
II. INVESTIGATION OF DEATH .....	3413-3416
III. NOTIFICATION OF NEXT OF KIN .....	3417-3419
IV. PREPARATION OF REMAINS .....	3420-3422
V. TRANSPORTATION OF REMAINS .....	3423-3430
VI. CORPSE ESCORT .....	3431-3439
VII. FUNERAL EXPENSES .....	3440-3454
VIII. FUNERALS AND FUNERAL FLAGS .....	3455-3456
IX. COAST GUARD .....	3457

#### SECTION I. RECORDING AND REPORTING OF DEATH

	Paragraph
Report of Death .....	341
Reports Relative to Deceased Persons .....	342
Recording of Death .....	343
NAVMED-N (Certificate of Death) .....	344
Death Occurring While on Leave, Etc. ....	345
Death of Retired and Fleet Reserve Personnel .....	346
Death of Reservist from Injury after Release from Active Duty .....	347
Death of Inactive Reservists .....	348
Death of Ex-Service Personnel, Other Supernumeraries .....	349
Death of Service Personnel at St. Elizabeths Hospital .....	3410
Payment for Civil Death Certificate .....	3411
Life Insurance Report .....	3412

#### 341

**Report of Death.**—341.1. When death occurs within the continental United States or aboard a ship in a port within the continental United States the commandant or commanding officer shall make a report by dispatch to the Secretary of the Navy giving (a) the full name; (b) rank or rate and file or service number; (c) branch of service; (d) if reserve or retired personnel, whether or not on active duty; (e) date, place, and cause of death; (f) line of duty and misconduct status; (g) full name and relationship of next of kin; (h) address of next of kin; (i) whether or not next of kin has been notified; (j) what disposition has been or will be made of remains, or where remains are being held; (k) pay per month; (l) full name and address of beneficiary; (m) whether or not the deceased carried U. S. Government life insurance and date to which premiums had been paid. If full information must await later investigation or determination, the dispatch shall be sent with whatever data is available, and supplemented with complete information at the earliest possible date (Art. 908 (2), *Navy Regulations*).

341.2. When death occurs afloat or ashore beyond the continental United States, the commandant or commanding officer shall make a report by dispatch to the Secretary of the Navy (providing existing radio restrictions permit) giving (a) full name; (b) rank or rate;

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

(c) file or service number; (d) cause; (e) enemy action or not; and (f) date death occurred, using local time zone. Within one week after the death, the following information shall be forwarded by air mail to the Bureau of Naval Personnel, the Commandant of the Marine Corps, or the Commandant of the Coast Guard, as appropriate: (a) Full name; (b) rank or rate; (c) file or service number; (d) if not a result of enemy action, whether or not due to own misconduct; (e) name and address of designated next of kin; (f) available details in explanation of death, such as location and exact cause; (g) details as to where and when last seen, weather conditions, and disposition of remains. Each amplifying report shall be clearly marked "Amplifying Report under Alnav 120-45."

341.3. For procedure in case of death of a civil employee reference should be made to paragraphs 4129 and 4130.

341.4. Article 1513, *Navy Regulations*, directs that the commandant of a navy yard or naval station shall report to the Secretary of the Navy, by dispatch, the death of any officer or enlisted person that may occur under his command. When death occurs at a naval hospital which is a unit of a yard or station, arrangements shall be made with the commandant so that only one dispatch, either from the commandant or commanding officer of the hospital, will be sent. Such dispatch, when received by the Communications Division, Navy Department, will be copied and copies sent to the Bureau, the Bureau of Supplies and Accounts, and the Bureau of Naval Personnel or the Commandant, Marine Corps, as appropriate.

341.5. When a death occurs at a naval activity other than a naval hospital, the medical officer, or in his absence a representative of the medical department, shall furnish the proper official with a memorandum report containing the information required in paragraph 341.1.

341.6. When death occurs in the continental United States away from a naval command, the dispatch forms prescribed in paragraphs 341.1 and 3418 shall be modified to conform with the circumstances. Item (j) of paragraph 341.1 shall include information as to the location of the body, the name and address of the person having custody, and, if known, the wishes of the next of kin as to disposition. The dispatch to the next of kin (par. 3418) shall be appropriate to the circumstances. Unless death has occurred at the home of the deceased, the form of dispatch to the next of kin shall be altered only by elimination of the information regarding the furnishing of the escort. Upon receipt of instructions as to disposition desired, the Bureau will arrange either through the nearest naval activity or through a local civilian undertaker for preparation and encasement of the remains at a cost not to exceed \$200, with proper shipping instructions. An additional amount not to exceed \$50 (par. 3447.1) may be allowed to apply to funeral expenses at final destination. When the remains are to be interred in the immediate vicinity of the place of death, constituting a local burial, or where the family has charge of the remains, \$200 is the maximum amount that may be authorized (pars. 3447.2, 3447.3). Instructions will be issued by the Bureau regarding payment of bills. When death occurs at home,

## SECTION I. RECORDING AND REPORTING OF DEATH

the dispatch specified in paragraph 3418 shall be modified to conform with the circumstances.

## 342

**Reports Relative to Deceased Persons.**—In addition to the report to the Secretary of the Navy (par. 341), the following reports relative to deceased persons shall be prepared and forwarded when applicable:

(a) Report to proper officer for entry in log, paragraph 343.1; (b) report to civil authorities, paragraph 343.2; (c) NAVMED-N (Certificate of Death), paragraph 344; (d) report to Employees' Compensation Commission, paragraph 347; (e) report of death of inactive reservist, paragraph 348; (f) notification of next of kin, paragraphs 3417, 3418, 3419; (g) letter of condolences to next of kin, paragraph 3417.2; (h) report of inspection of remains, paragraph 3420.2; (i) letter to consignee, paragraph 3425; (j) dispatch to consignee concerning arrival of remains, paragraph 3429; (k) report to officer in charge, Arlington National Cemetery, paragraph 3430; (l) NAVMED-HF-61 (Information for Next of Kin), paragraph 3444; (m) NAVMED-601 (Report of Burial), paragraph 5125; (n) NAVMED-609 (Report of Disposition and Expenditures—Remains of Dead), paragraph 5126; (o) map or blueprint of cemetery, paragraph 5132; (p) report of burial overseas, paragraph 5138.

## 343

**Recording of Death.**—343.1. Accurate recording of death in the Navy is required by Article 20 (3), *Articles for the Government of the Navy*, and Articles 908 (1) and 1513 (2), *Navy Regulations*. The medical officer of each ship and shore station shall furnish the proper officer with a memorandum report of each death within the command for entry in (a) the official log, or (b) in the appropriate record for those activities not required to maintain a log. Such report shall include the name, rank or rate, and the exact time and cause of death, when they can be determined. At naval hospitals, such entry shall be made in the journal of the officer of the day.

343.2. When a death occurs at a naval activity in any State, Territory, or insular possession of the United States, the commanding officer or his designated representative shall report the death promptly to the civil authorities.

## 344

**NAVMED-N (Certificate of Death).**—344.1. NAVMED-N (Certificate of Death) shall be prepared by the medical officer in accordance with instructions in paragraph 344.3 in each instance of death. The original and four legible copies (two copies in time of war) shall be forwarded to the Bureau and a file copy retained. One copy shall accompany the body whenever it is transferred to another activity. Upon the death of a person attached to a vessel of a fleet, an additional copy shall be sent to the commander in chief (Art. 1144, *Navy Regulations*).

344.2. In cases of missing personnel when death has not been definitely established or the circumstances do not justify a conclusion of death, NAVMED-N shall not be prepared. Final action will be

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

taken by the Navy Department in such cases. The fact that no remains are recovered should not preclude a finding of death if other factors justify such conclusion. Reference should also be made to paragraph 225.12.

344.3. Instructions for preparing NAVMED-N (Certificate of Death) follow:

(a) The cause or causes of death shall be determined accurately, using all means available and necessary for this purpose. When a postmortem examination is made, the findings shall be entered on the certificate.

(b) The cause or causes of death, both principal and contributory, shall be stated in terms of the official nomenclature (Part II, Chapter 3), including the diagnoses numbers and key letters in cases of injuries.

(c) When death is obvious, but the body has not been recovered, "Body not recovered" shall be entered on line 11.

(d) When it is not possible to determine misconduct and line of duty status, "Undetermined" shall be entered on line 10. Otherwise, the misconduct and line of duty status shall be stated in every report.

(e) When personnel on the retired list or members of the Naval Reserve not on active duty die while under the care of a medical officer, a statement shall be made that the disease or injury causing death was or was not service-connected.

(f) Whenever two or more conditions contribute to the cause of death, particular care shall be exercised in determining which is the principal cause.

(g) The "Summary of Facts Relative to the Death" shall contain: pertinent facts concerning the origin of the disability causing death; important diagnostic data, including both antemortem and postmortem findings; character and date of operations; duration and principal points in the course of the fatal disease, injury, or poisoning; and other facts supporting the statement concerning cause of death.

(h) "Disposition of Remains" refers to the disposition of the body made by the ship or station to which the deceased was attached. The date and place of interment, if known, shall be entered. The submission of the report shall not be delayed, however, in order to determine the final disposition or place of interment.

(i) The certificate shall show whether or not a court of inquiry or board of investigation will be held, or an administrative report will be submitted.

(j) A rolled impression of the right index finger shall be made in the space provided on the form.

(k) Personal characteristics such as marks, scars, teeth, etc., shall be compared with those noted in the Health Record, if the Health Record is available.

## 345

**Death Occurring While on Leave, Etc.—345.1.** When a person of the Navy or Marine Corps dies while on leave, or in a civilian hospital at home or abroad, or under other circumstances when the services of a medical officer of the Navy are not available, the medical officer of the ship or station to which the deceased was attached shall obtain a certificate of death from the proper civil authorities, or if that is impracticable, he shall request the naval activity nearest to the place where death occurred to obtain the certificate of death and forward it to the ship or station. If death occurs abroad and no naval activity is available, the request to obtain a certificate of death should be made to the nearest United States consular officer. Upon obtaining the certificate of death, the medical officer shall prepare NAVMED-N and forward it to the Bureau together with the supporting papers and the terminated Health Record.

## SECTION I. RECORDING AND REPORTING OF DEATH

345.2. For a person of the Navy or Marine Corps awaiting orders, on detached or independent duty, or not directly attached to any command, the medical officer of the naval district within which the individual dies shall prepare NAVMED-N from such facts as he may be able to obtain.

345.3. Any officer having knowledge of a death which appears not to have been reported shall notify the Bureau, giving all available facts.

## 346

**Death of Retired and Fleet Reserve Personnel.**—346.1. NAVMED-N (Certificate of Death) for an officer or enlisted person who dies while in an inactive status on the retired list of the Navy or Marine Corps shall be prepared and forwarded to the Bureau by the medical officer having cognizance of the case. In the event that such officer or enlisted person was not under the professional care of a medical officer of the Navy at the time of his death, the medical officer of the district within which the individual died shall obtain a certificate of death from the proper civil authorities, and shall prepare and forward NAVMED-N to the Bureau, together with the supporting papers.

346.2. NAVMED-N shall be prepared for a member of the Fleet Reserve or Fleet Marine Corps Reserve who dies while in an inactive status in the same manner as for a person on the retired list (par. 346.1).

## 347

**Death of a Reservist From Injury After Release From Active Duty.**—If, in time of peace, the death of a member of the Naval or Marine Corps Reserve results from injury incurred while on active duty, but after the expiration of the period of active duty and while the case is still under Navy care, the commanding officer shall report the facts in the case to the Bureau and to the Employees' Compensation Commission, 285 Madison Avenue, New York 17, New York, using the following form in both dispatches:

..... (name) ..... (rank or rate) Naval  
(or Marine Corps) Reserve died this hospital ..... (date)  
after expiration of period of active duty as a result of injury (or injuries)  
received while on active duty. Next of kin notified and directed to telegraph  
Bureau of Medicine and Surgery instructions for disposition of remains.

## 348

**Death of Inactive Reservists.**—NAVMED-N (Certificate of Death) shall not be prepared for a person in the Naval Reserve (other than a member of the Fleet Reserve or Fleet Marine Corps Reserve) or inactive duty or on the honorary retired list unless death occurs in a naval hospital. A report of death in letter form shall be prepared by the district medical officer, however, to include all pertinent information obtainable, such as name in full; rank or rate; file or service number; date and place of birth; source of information; date, place.

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

and cause of death; and name and address of next of kin. This letter shall be forwarded to the Bureau of Naval Personnel. A copy of this letter, together with the terminated Health Record, shall be forwarded to the Bureau by the district medical officer.

## 349

**Death of Ex-Service Personnel, Other Supernumeraries.**—349.1. NAVMED-N (Certificate of Death) shall be prepared and forwarded to the Bureau for a former member of the Navy or Marine Corps who was carried at a naval hospital as a supernumerary patient. Medical History sheets shall be forwarded with the Certificate of Death. In the case of a supernumerary other than a former member of the Navy or Marine Corps, only one copy of NAVMED-N shall be forwarded to the Bureau.

349.2. In the event of death of a merchant seaman while undergoing treatment in a naval hospital beyond the continental limits of the United States, the local American consul shall be notified and requested to issue the necessary instructions for preparation and disposition of remains. When death occurs in a hospital of the Navy within the continental United States the local representative of the Public Health Service shall be contacted for necessary instructions.

## 3410

**Death of Service Personnel at St. Elizabeths Hospital.**—Upon the death of an officer or enlisted person of the Navy or Marine Corps in St. Elizabeths Hospital, Washington, D. C., or the U. S. Public Health Service Hospital, Fort Worth, Texas, or for a former member of the Navy or Marine Corps who was continued as a patient of either hospital from date of discharge from the service, NAVMED-N (Certificate of Death) shall be prepared by the medical officer of the Navy assigned to duty in the institution.

## 3411

**Payment for Civil Death Certificate.**—Under authority of a decision of the Comptroller General (A-39800, Dec. 17, 1931) when fees for a civil death certificate are required in advance, such payment may be made from personal funds of the officer obtaining the certificate and reimbursement obtained from a Navy disbursing officer. Such reimbursement shall be effected on Sundry Expense Account (S. and A. Form 326) showing the name, rank or rate of the deceased person, date of death, and a statement that the copy of the death certificate was required for official use. It shall be accompanied by a receipt for the expenditure or a statement that the certificate bears a notation of the amount paid, date of payment, and signature of the issuing officer. The appropriation chargeable is "Medical Department, Navy."

## 3412

**Life Insurance Report.**—All death reports for life insurance purposes are prepared by the Bureau (par. 12B25.4).

## SECTION II. INVESTIGATION OF DEATH

## SECTION II. INVESTIGATION OF DEATH

	Paragraph
Identification of Body .....	3413
Court of Inquiry or Board of Investigation .....	3414
Postmortem Examination and Autopsy .....	3415
Relations with Civil Authorities .....	3416

## 3413

**Identification of Body.**—All naval personnel are required to wear two identification tags (par. 2250). In case of death one tag shall be detached and forwarded to the Bureau of Naval Personnel or Headquarters, Marine Corps, as appropriate; the other shall be attached to the body. A rolled impression of the right index finger shall be made on NAVMED-N. When positive identification cannot be established, rolled impressions of all 10 fingers, if possible, or of all fingers available, shall be taken and forwarded to the Bureau on NAVPERS-680, NAVMC-330-PD, NAVMED-601, or on a blank sheet with each digit properly marked. In taking fingerprints of men who have been recovered from water, the skin on the bulb of the finger shall be smoothed by injecting water into it.

## 3414

**Court of Inquiry or Board of Investigation.**—Whenever loss of life occurs from accident or under suspicious or undetermined circumstances, a court of inquiry or board of investigation shall be ordered to investigate fully and report the facts relative to death and also to give an opinion and to make such recommendations as may be appropriate. The court of inquiry or board of investigation is held in accordance with the provisions of Chapter X, *Naval Courts and Boards*.

## 3415

**Postmortem Examination and Autopsy.**—In each case of death occurring in the Navy under unnatural or suspicious circumstances, or when the cause of death is obscure or not apparent and a decision as to origin affecting pension or gratuity is involved, the medical officer shall recommend to the commanding officer such postmortem examination or autopsy as may be required in determining the exact cause of death. In each such case the autopsy must be performed in a manner requiring no more disfigurement of the body than is necessary to obtain the evidence needed (Art. 1841 (5), *Naval Regulations*). The results of all autopsies shall be recorded fully in the reports of death and Health Records.

## 3416

**Relations With Civil Authorities.**—When death of a person in the naval service occurs outside the limits of a naval reservation, the body shall not be moved by naval personnel until permission has been obtained from the proper civil authorities. In order that there may be full understanding and accord between naval and civil authori-

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

ties, appropriate procedures should be developed for each command area, in consultation with the civil authorities, covering deaths of naval personnel both within and without the limits of naval commands. In general and except where the state has retained concurrent jurisdiction with the United States, civil authorities have no jurisdiction over deaths occurring on naval reservations. (See *L.R.N.A.*, p. 293.) However, a transit or burial permit, issued by the proper civil authority, is required for removal of a body from a naval reservation either for shipment or burial.

## SECTION III. NOTIFICATION OF NEXT OF KIN

	Paragraph
Activity Within the Continental United States Having Contract.....	3417
Activity Within the Continental United States Not Having Contract...	3418
Ships and Stations Outside the Continental United States.....	3419

## 3417

**Activity Within the Continental United States Having Contract.**  
 .—3417.1. When death occurs in a naval hospital or at a shore station within the continental limits of the United States having a contract for the care of the dead, or when such activity has taken charge of the remains, the commanding officer shall notify by dispatch the next of kin or legal representative of the deceased, if residing within the United States, and, without reference to the Bureau, make such disposition of the remains as may be requested, unless transportation beyond the continental limits of the United States is involved or the deceased is not entitled by law to burial or transportation at public expense. When the address of the next of kin is outside the continental limits of the United States, the next of kin will be notified by the Navy Department on receipt of the dispatch addressed to the Secretary of the Navy required by paragraph 341.1. Disposition of remains in such cases shall await the instructions of the Bureau or the Commandant, Marine Corps, as the case may be. Reference should be made to paragraph 3444.3.

3417.2. Immediately after notifying the next of kin that death has occurred, the commanding officer shall send a letter to the next of kin. The letter shall contain only (a) expression of condolences; and (b) any details concerning the death which the commanding officer deems appropriate for inclusion. No reference of an unfavorable nature shall be made to line of duty or conduct status, nor shall details be included which would be likely to aggravate the distress of the next of kin.

3417.3. The following form of dispatch shall be employed to notify next of kin of the death of an officer or enlisted person on active duty in the Navy; of an officer or enlisted person on the retired list of the Navy who was on active duty at the time of death; and of an officer or enlisted person of the Naval Reserve who was on active duty or training duty at the time of death:

I deeply regret to inform you that your ..... (relationship)  
 ..... (name) U. S. .... died .....  
 (date, place, and cause). Telegraph ..... (name and address)

## SECTION III. NOTIFICATION OF NEXT OF KIN

of activity having custody of remains) immediately whether you desire body buried locally or sent home. Burial can be made by Navy with military honors in ..... (name of cemetery) or forwarded to any national cemetery you designate. If interred locally by Navy all expenses will be paid. If sent home expenses of preparation, encasement, and transportation will be prepaid and reasonable necessary funeral expenses not exceeding \$50 allowed on application to Bureau of Medicine and Surgery, Navy Department, Washington, D. C. Escort of one person will accompany remains home if requested. Sincerest sympathy extended. Letter follows. (Name and rank of commanding officer.)

The letter shall conform to instructions in paragraph 3417.2. Neither the dispatch nor the letter to the next of kin shall contain any information which will in any manner disclose movements of ships or jeopardize communication security.

3417.4. The following form of dispatch shall be employed to notify next of kin of death of a retired officer or enlisted person of active duty in the Marine Corps; of an officer or enlisted person on the retired list of the Marine Corps on active duty; and of a member of the Marine Corps Reserve who was on active duty or training duty at the time of death:

I deeply regret to inform you that your ..... (relationship) ..... (name) U. S. .... died ..... (date, place, and cause). Telegraph ..... (name and address of activity having custody of remains) immediately whether you desire body buried locally or sent home. Burial can be made by Navy with military honors in ..... (name of cemetery) or forwarded to any national cemetery you designate. If interred locally by Navy all expenses will be paid. If sent home expenses of preparation, encasement, and transportation will be prepaid and reasonable necessary funeral expenses not exceeding \$50 allowed on application to Headquarters, Marine Corps, Washington, D. C. Escort of one person will accompany remains home if requested. Sincerest sympathy extended. Letter follows. (Name and rank of commanding officer.)

The letter shall conform to instructions in paragraph 3417.2. Neither the dispatch nor the letter to the next of kin shall contain any information which will in any manner disclose movements of ships or jeopardize communication security.

3417.5. The following form of dispatch shall be employed to notify next of kin of death of a retired officer or enlisted person of the Navy or Marine Corps who was on inactive duty at the time of death; of an officer or enlisted person of the Naval or Marine Corps Reserve on inactive duty, except an individual retained for treatment following expiration of active duty period:

I deeply regret to inform you that your ..... (relationship) ..... (name) died ..... (date and cause). Please telegraph naval hospital ..... immediately what disposition you desire made of remains. Regret Navy cannot defray any expense of preparation, encasement, or transportation. Sincerest sympathy extended. Letter follows. (Name and rank of commanding officer.)

The letter shall conform to instructions in paragraph 3417.2.

3417.6. The following form of dispatch shall be employed, except for cases specified in paragraph 347, to notify next of kin of death of an officer or enlisted person of the Naval or Marine Corps Reserve who was transferred to a naval hospital during a period of active duty or training duty, but whose death occurred in a hospital after

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

expiration of such training or active duty, and of an accepted applicant for enlistment in the Marine Corps:

I deeply regret to inform you that your ..... (relationship) ..... (name) Naval (or Marine Corps) Reserve died ..... (date and cause). Telegraph naval hospital ..... immediately whether you desire body buried locally or sent home. Burial can be made locally with military honors in ..... (name of cemetery) or forwarded to any national cemetery you designate. If interred locally by Navy all expenses will be paid. If sent home expenses of preparation, encasement, and transportation will be prepaid and reasonable necessary funeral expenses not exceeding \$50 allowed on application to Bureau of Medicine and Surgery (or Headquarters, U. S. Marine Corps in cases of accepted applicants), Navy Department, Washington, D. C. Regret escort cannot be sent with body. Sincerest sympathy extended. Letter follows. (Name and rank of commanding officer.)

The letter shall conform to instructions in paragraph 3417.2.

3417.7. The following form of dispatch shall be employed to notify the next of kin of death of a former enlisted person of the Navy or Marine Corps retained in a naval hospital for treatment after discharge from service:

I deeply regret to inform you that your ..... (relationship) ..... (name) ..... (former rate) died (date and cause). Telegraph naval hospital ..... immediately whether you desire body buried locally or sent home. Burial can be made by Navy with military honors in ..... (name of cemetery) or forwarded to any national cemetery you designate. If interred locally by Navy all expenses will be paid. If sent home expenses of preparation, encasement, and transportation will be prepaid and reasonable necessary funeral expenses not exceeding \$50 allowed on application to Bureau of Medicine and Surgery, Navy Department, Washington, D. C. Regret escort cannot be sent with body. Sincerest sympathy extended. Letter follows. (Name and rank of commanding officer.)

The letter shall conform to instructions in paragraph 3417.2.

3417.8. The following form of dispatch shall be employed to notify the next of kin of death of a Veterans Administration patient:

I deeply regret to inform you that your ..... (relationship) ..... (name), a Veterans Administration patient, died ..... (date). Additional information will be sent to you by Regional Manager, Veterans Administration, ..... (place), with whom all arrangements for disposition of body should be made. Sincerest sympathy extended. (Name and rank of commanding officer.)

3417.9. The following form of dispatch shall be employed to notify the next of kin of death of a pensioner or destitute patient:

I deeply regret to inform you that your ..... (relationship) ..... (name) died ..... (date and cause). Please telegraph naval hospital ..... Immediately what disposition you desire made of remains. Interment can be made by Navy in ..... (name of cemetery) at Government expense, but law prohibits payment of expenses for transportation home or to another locality. Sincerest sympathy extended. Letter follows. (Name and rank of commanding officer.)

The letter shall conform to instructions in paragraph 3417.2.

**Activity Within the Continental United States Not Having Contract.**—3418.1. When a death occurs on board a ship in a port

## SECTION III. NOTIFICATION OF NEXT OF KIN

within the continental limits of the United States or at a station within the continental limits not having a contract for the care of the dead, the medical officer shall prepare a dispatch as indicated below for delivery to the proper authority for transmittal to the next of kin or legal representative of the deceased:

I deeply regret to inform you that your ..... (relationship) ..... (name) U. S. Navy (or Marine Corps) died ..... (date, place, and cause). Telegraph Bureau of Medicine and Surgery (or Commandant, Marine Corps), Navy Department, Washington, D. C., immediately whether you desire remains interred in a naval or national cemetery or sent home. If interred by Navy all expenses will be paid. If sent home expenses of preparation, encasement, and transportation will be prepaid and reasonable necessary funeral expenses not exceeding \$50 allowed on application to Bureau of Medicine and Surgery, Navy Department, (or Headquarters, Marine Corps). Escort of one person will accompany remains home if requested. Sincerest sympathy extended. Letter follows. (Name and rank of commanding officer.)

The letter shall conform to instructions in paragraph 3417.2. Neither the dispatch nor the letter to the next of kin shall contain any information which will in any manner disclose movements of ships or jeopardize communication security.

3418.2. When remains have been transferred to a naval hospital or shore station having a contract for the care of the dead the above dispatch shall be modified to request the next of kin to communicate directly with the commanding officer of such hospital or shore station.

## 3419

## Ships or Stations Outside the Continental United States.—

3419.1. In time of peace when death occurs at a station or on board a ship in a port outside the continental limits of the United States, or at sea, the Navy Department will notify the next of kin, if residing in any place other than the locality where death occurs, on receipt of the dispatch notification of death addressed to the Secretary of the Navy, and disposition of the remains shall await instructions of the Bureau, or Commandant, Marine Corps, as appropriate. Should the address of the next of kin be near the station or port, the ship or station shall notify the next of kin, inform the Secretary of the Navy by dispatch as to disposition of remains desired by the next of kin, and await instructions.

3419.2. In time of war the remains of an individual of the Navy, Marine Corps, or Coast Guard shall be interred in the locality of death whenever transportation by water would be necessary to return the remains to the United States. The Navy Department will notify the next of kin upon receipt of the dispatch notification of death addressed to the Secretary of the Navy. All practicable measures shall be taken to preserve the identity of the remains, the records and personal effects of the deceased, and to locate definitely and record the burial place by proper geographical data, names, landmarks, charts, etc. Information relative to the identity and location of the deceased shall be prepared and transmitted to the Bureau in

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

triplicate on NAVMED-601. Reference also should be made to paragraph 3413.

3419.3. When burial ashore cannot be accomplished within reasonable time limitations or is inadvisable, burial at sea is permissible. Remains shall not be cremated, except as a sanitary measure, without prior approval of the Bureau.

## SECTION IV. PREPARATION OF REMAINS

	Paragraph
Embalming and Inspection .....	3420
Clothing .....	3421
Encasement .....	3422

## 3420

**Embalming and Inspection.**—3420.1. The remains of naval dead shall be prepared for interment or shipment under the supervision of a naval medical officer, and when prepared by naval personnel, shall be embalmed in conformity with instructions contained in the latest edition of *Handbook of the Hospital Corps*.

3420.2. The officer supervising preparation of remains shall determine by final inspection in each instance that embalming, cleansing, shaving, and dressing of the body have been properly performed, and that the clothing and encasement meet the requirements of the occasion (Art. 1841 (3), *Navy Regulations*). If practicable there should be two inspections: the first, after embalming has been completed, but before the body has been clothed, to determine the efficacy of the embalming process; the second, after the body has been clothed and encased, to determine the general appearance, completeness, correctness, and condition of uniform and clothing, position in casket, and condition of casket. The conditions noted on such inspections should be made the subject of a memorandum report for file with the clinical record of the deceased. New clothing shall be obtained, if necessary, and charged to the appropriation "Medical Department, Navy" (Art. 1841 (4), *Navy Regulations*).

3420.3. In no instance shall a body be released for shipment until the inspecting officer is satisfied it is so preserved that it may be reasonably expected to reach its destination in proper condition. Whenever necessary, the body should be held for repeated attention until its condition is satisfactory. If for any unusual reason satisfactory results cannot be obtained, the relatives of the deceased shall be informed in advance, and the casket shall be sealed and plainly marked "Not to be opened."

## 3421

**Clothing.**—Each body shall be dressed in clean, presentable, and complete uniform (except for cap and shoes) of the proper rank or rate. When a body is sent to a hospital for embalming and further disposition, a uniform and other necessary clothing, suitable for burial, shall be sent with it.

## SECTION V. TRANSPORTATION OF REMAINS

## 3422

**Encasement.**—A Navy standard or Army casket shall be used, when available, for transportation of remains of an officer or enlisted person (Art. 1841 (6), *Navy Regulations*). This requirement of *Navy Regulations* shall not be construed to prevent the use of a casket supplied by a contractor under an annual contract with a hospital or station for local burial or for transportation of remains within the continental limits of the United States when the use of a contract casket is economically justified.

## SECTION V. TRANSPORTATION OF REMAINS

	Paragraph
Rules Regarding Transportation of Remains .....	3423
Method of Transportation .....	3424
Express Shipment .....	3425
When Accompanied by Escort .....	3426
Arrangements to be Made at Transfer Points .....	3427
Shipment of Personal Effects .....	3428
Information for Next of Kin or Consignee .....	3429
Transportation of Remains to Arlington National Cemetery.....	3430

## 3423

**Rules Regarding Transportation of Remains.**—Rules regarding transportation of the dead, adopted by the Conference of State and Provincial Boards of Health, May, 1915, require:

(a) Remains of persons who have died of smallpox, plague, Asiatic cholera, typhus fever, diphtheria, and scarlet fever shall be placed at once in a metal-lined casket which shall be hermetically and permanently sealed.

(b) No disinterred body shall be transported by common carrier unless approved by the health authorities having jurisdiction at the place of disinterment. Disinterment and transportation of remains of persons who have died of the communicable diseases named in subparagraph (a) above shall not be allowed except by special permission of the health authorities at both the place of disinterment and the point of destination. All disinterred remains shall be enclosed in metal or metal-lined boxes, hermetically sealed; provided, that the bodies in a receiving vault, when prepared by licensed embalmers, shall not be regarded as disinterred bodies until after the expiration of 30 days.

(c) A transit permit and a transit label issued by the proper health authorities shall be required for each body transported by common carrier.

(d) The outside case may be omitted when the coffin or casket is transported in a hearse.

## 3424

**Method of Transportation.**—When transportation of remains of a naval or Marine Corps individual is to be effected, the shipment, if by rail, shall be either on two first-class passenger tickets procured by transportation request or by express on Government bill of lading; and if by commercial steamship, on minimum first-class fare. When remains have been cremated, and no escort is to accompany them, shipment shall be by mail or express at the usual rate according to weight; if an escort is to carry them, only the ticket for the escort is required (par. 3437).

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

3425

**Express Shipment.**—3425.1. When remains are not to be accompanied by an escort, shipment shall be effected by express on Government bill of lading, Standard Form 1103, and companion forms. On the face of all copies shall be typed or stamped in capital letters, preferably in red ink, the following notations: "No charges will be collected on this shipment. Transportation charges will be paid by the Navy Department." These forms shall be prepared and disposed of as follows:

(a) The original bill of lading (Form 1103) signed by the express agent and one yellow copy (Form 1103a) accompanied by the following letter, shall be forwarded immediately by special delivery to the consignee, enclosing an addressed and franked envelope for the return of the yellow copy:

DEAR SIR: There are enclosed herewith two copies of the Government bill of lading covering transportation of the remains of .....  
 ....., which will be forwarded on train No. ....  
 (R.R.) ....., (Date and hour) .....

The white copy is the original and should be carefully preserved until the remains are delivered, at which time please fill in consignee's certification of delivery appearing near the bottom of the form, sign and surrender to the transportation company. Please note the instructions printed on the face of the form directing that you pay no charges.

When delivery has been made, please also sign the yellow copy of the bill of lading and return it to this station in the enclosed addressed envelope, which requires no postage.

Very truly yours,

(b) Forms 1104, 1105, and 1106 shall be left with the agent of the express company at the time Form 1103 is signed.

(c) Two yellow copies (Form 1103a) shall be delivered to the undertaker for further delivery to the agent of the express company, one copy to be retained by the agent and one copy to be returned promptly to the naval activity making the shipment with the weight and cost entered thereon.

(d) One yellow copy (Form 1103a) with the weight and cost of shipment indicated shall be filed in the case paper jacket of the deceased.

(e) One yellow copy (Form 1103a) with the weight and cost of shipment indicated shall be furnished the finance officer for entry in the appropriate accounting records.

(f) One yellow copy (Form 1103a) shall be securely pasted on the shipping case to indicate to the transportation company that transportation charges are payable by the Government and must not be collected from the consignee.

(g) One yellow copy (Form 1103a) with the weight and cost of shipment as obtained from the express company shall be mailed to the Quartermaster General, United States Marine Corps, for Marine Corps dead only. In the case of Army or Coast Guard personnel, this copy shall be mailed to the Quartermaster General, U. S. Army, or to Headquarters, Coast Guard, as appropriate.

3425.2. In addition to the copy of the bill of lading, a special label, prohibiting collection of express charges from consignee, shall be obtained from the local express agent and attached to the outside case.

3425.3. On express shipment, when weight of encased remains does not exceed 500 pounds, corpse transportation will be double the standard one-way, first-class passenger rate, but never less than \$3.30 for any distance. When the weight exceeds 500 pounds, either by express or on two first-class tickets, the excess is charged for at the regular first-class rate. Land-grant deductions are not applicable to transportation of remains nor to travel performed by a civilian escort

## SECTION V. TRANSPORTATION OF REMAINS

but are applicable to travel performed by military escort (1 *Comp. Gen.* 288).

## 3426

**When Accompanied by Escort.**—If the body is to be shipped by rail on transportation request, an escort must accompany the remains. The transportation request issued for the shipment of the corpse will call for a one-way, first-class adult ticket. When the weight is in excess of 500 pounds the officer issuing the transportation request shall enter on the face thereof the total weight of the encased remains, and the carrier will bill the Navy Department for the excess weight. The transportation request issued for the escort will call for the class of ticket determined by the status of the traveler as provided by the *United States Navy Travel Instructions*. The corpse will be transported by baggage service. One escort may accompany more than one corpse.

## 3427

**Arrangements To Be Made at Transfer Points.**—3427.1. When a body is shipped by express, it will be handled by the carrier from the point of origin to final destination. The party performing final transfer at a junction point will bill against the carrier whose baggage agent arranges for the services, and the carrier will present the bill to the Navy Department in the usual manner, accompanied by transfer certificates.

3427.2. When shipment is by transportation request, the disbursing officer shall advance cash to the escort to cover transfer of remains between railroad stations as follows:

(a) For each transfer required, \$5 shall be advanced.

(b) The escort shall be instructed to secure receipts from the transfer company to cover the transfer of the corpse, and on return to his station shall return these receipts together with unused cash to the disbursing officer. Civilian escorts shall be similarly instructed.

3427.3. When the final destination is at a point not on a railroad, shipment shall be made to the nearest shipping point and the consignee shall be notified to arrange for receipt of remains at that point and for delivery of the remains to the final destination. The consignee shall be informed that he may submit the carrier's certified bill for reasonable transportation of such nature to the Bureau or that he may pay the charges and submit the certified bill to the Bureau for reimbursement.

## 3428

**Shipment of Personal Effects.**—3428.1. **NAVAL PERSONNEL.**—The commanding officer shall, upon the death of any Navy person under his command, cause all of the effects of the decedent, including money, articles of value, papers, keepsakes, and other similar effects, to be collected and inventoried. If the deceased was an officer, this shall be done by two officers; if a member of a crew or other person, it shall be done by the officer of the deceased's division or by one detailed for that purpose. The inventory shall be prepared in duplicate, attested, and signed by the officers making it. Upon completion of

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

the inventory, the effects, if not of a perishable nature, shall be put in packages of a convenient size and sealed. The supply officer shall forward the packages, together with any information in the man's Service Record concerning designation of the next of kin, to the nearest Personal Effects Distribution Center. If any of the effects are perishable or deteriorating, they may, in the discretion of the commanding officer, be sold at auction. The proceeds of the sale shall be forwarded in the same manner as money found in the effects.

3428.2. MARINE CORPS PERSONNEL.—(a) All money, articles of value, papers, keepsakes, and other similar effects of deceased Marine Corps personnel shall be forwarded to the Commandant of the Marine Corps.

(b) Personal effects, not to exceed 150 pounds, of Marine Corps personnel on active duty who die within the continental United States may be forwarded with the body without additional charge when the body is shipped either by express or on transportation request. When personal effects exceed 150 pounds, any excess shall be delivered to the supply officer for shipment to the next of kin or legal heirs, such excess being chargeable to the appropriation "General Expenses, Marine Corps."

(c) Upon the death of Marine Corps personnel outside the continental United States, the procedure specified in paragraph 3428.1 shall be followed, except that money, articles of value, papers, keepsakes, and other similar effects shall be forwarded to the Commandant of the Marine Corps.

3428.3. COAST GUARD PERSONNEL.—(a) Upon the death of an individual of the Coast Guard within the continental United States, a request shall be made to the Commandant, Coast Guard, Washington, D. C., for instructions relative to the disposition of personal effects.

(b) Upon the death of an individual of the Coast Guard outside the continental United States, all money, articles of value, papers, keepsakes, and other similar effects shall be forwarded to the Commandant, Coast Guard. All other personal effects shall be forwarded to the nearest Personal Effects Distribution Center (par. 3428.1).

3428.4. FORMER ENLISTED PERSONNEL.—The personal effects of former enlisted personnel, discharged at naval hospitals and remaining as inmates until death, shall not be shipped at Government expense. When the remains of such patients are to be shipped home, however, personal effects weighing not more than the amount carried free may accompany the remains. The effects so forwarded should be those articles of greatest value such as money, papers, keepsakes, jewelry, etc. The next of kin shall be informed of the character and cost of shipment of any remaining effects and required to advance transportation charges. If unclaimed, the effects shall be held for a period of three months and then destroyed or otherwise disposed of as the commanding officer may direct.

3428.5. VETERANS ADMINISTRATION PATIENTS.—The effects (including safekeeping deposits) of Veterans Administration patients who die in naval hospitals shall be delivered to the Veterans Administration regional manager having jurisdiction of the case. Receipt,

## SECTION V. TRANSPORTATION OF REMAINS

in duplicate, shall be obtained from the authorized representative of the Veterans Administration to whom the effects are delivered. The duplicate of the receipt shall be retained in the files of the naval hospital. The original shall be mailed to the Bureau of Naval Personnel for former members of the Navy or Naval Reserve; to the Commandant, Marine Corps, for former members of the Marine Corps Reserve; to the Secretary of the Navy, via the Judge Advocate General, in all other cases.

## 3429

**Information for Next of Kin or Consignee.**—The next of kin, family, legal representative of the deceased, or any other party serving as consignee shall be informed by telegram of the time and method of forwarding the body, and, if practicable, the routing and scheduled time of arrival. The consignee also shall be advised of any special attending circumstances, such as communicable disease and the advisability of opening the casket for the purpose of viewing the remains.

## 3430

**Transportation of Remains to Arlington National Cemetery.**—Transportation of Navy and Marine Corps dead to Arlington National Cemetery shall be governed by the following provisions:

(a) The shipping case shall be marked "Officer in Charge, Arlington National Cemetery, Fort Meyer, Virginia," and the bill of lading or transfer request shall be marked "Washington, D. C." The transit permit shall be issued to show Fort Meyer, Virginia, as the terminal point. This will avoid the necessity and delay of obtaining a permit for transfer of the body through the District of Columbia.

(b) A telegram shall be sent at the earliest possible moment to the officer in charge, giving the full name and rank or rate of the deceased, the date and place of death, dimensions of the outside box, and the date, hour, and number of the train on which the body will reach Washington. Whenever practicable, the shipment of remains should be timed so as to arrive in Washington between the hours of 0800 and 1400 week days. Arrival on Sundays or holidays should be avoided.

(c) Upon receipt of the telegram the officer in charge will give instructions to have the remains met at the railroad station by a War Department hearse, conveyed to Arlington, and placed in the receiving vault pending subsequent arrangements for interment. The services of an undertaker in Washington are not required in these cases, nor is there any expense attached to the opening and closing of the grave in Arlington.

(d) Interment will not be made in Arlington National Cemetery on Sundays, Memorial Day, Armistice Day, or Christmas Day, or after 1500 on other days.

(e) As military honors are provided at every burial, an additional telegram shall be addressed to the Chief of Naval Personnel or the Commandant, Marine Corps, as appropriate, giving the full name, rank or rate, time of arrival of the body, stating whether or not relatives accompany the body, and the date on which it is desired that the services shall be held. At least 24 hours are required to complete funeral arrangements. If relatives are to be in attendance, they shall be instructed, upon arrival in Washington, to communicate immediately with the aide to the Chief of the Bureau of Naval Personnel, Navy Department, or the Commandant, Marine Corps, as may be appropriate.

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

## SECTION VI. CORPSE ESCORT

	Paragraph
Authority .....	3431
When Furnished .....	3432
Selection and Detail .....	3433
Travel Instructions .....	3434
Appropriation Chargeable .....	3435
Civilian as Escort .....	3436
Escort for Cremated Remains of Naval Dead .....	3437
Naval Reservist as Escort .....	3438
Escort Not Authorized .....	3439

## 3431

**Authority.**—An escort, not to exceed one person, may be provided to accompany to place of burial the bodies of officers, officers of the Nurse Corps, or enlisted personnel who have lost their lives in the naval service (Act of May 26, 1928, ch. 779, 45 *Stat.* 767). The escort furnished under this authority may be a relative or friend (not in the service) of the deceased. As the law provides for an escort of only one person, when a civilian accompanies the remains as escort a service escort shall not be detailed.

## 3432

**When Furnished.**—When practicable and when requested by the next of kin or family of the deceased, a service or civilian escort of one person shall be assigned to accompany the remains to place of burial. Even though not requested, however, if service personnel are available for this purpose, an escort should be provided as a routine procedure unless the family specifies that an escort is not desired.

## 3433

**Selection and Detail.**—The escort, if of the service, shall be of equivalent rank or rate of the deceased as nearly as may be practicable, and, when possible, a friend or associate. The escort will be detailed and the necessary orders issued by the commandant of the navy yard or station when shipment of the remains is made from a naval hospital. If the remains have been transferred to the hospital from a ship in port, the commanding officer of the ship should, when practicable, detail the escort to report to the commandant for this duty. When shipment of remains is made from a ship, the detail of escort shall be made by the senior officer present afloat; and from activities not under the immediate jurisdiction of a commandant, the detail shall be made by the senior officer present ashore. (See, also, Article C-7003, *Bureau of Naval Personnel Manual*.)

## 3434

**Travel Instruction.**—3434.1. *United States Navy Travel Instructions* contains full information relative to travel allowances and outlines the details to be followed in sending an escort to accompany

## SECTION VI. CORPSE ESCORT

to place of burial the remains of officers, enlisted personnel, and officers of the Nurse Corps who have lost their lives in the naval service.

3434.2. The travel of any escort may be: (a) From place of death or port of entry to place of burial and return; or, (b) from place of burial to place of death or port of entry and return. The travel of a civilian escort also may be: (a) From point of shipment or port of entry to place of burial, thence to a point selected by the escort; or, (b) from any point to point of shipment or port of entry, thence to place of burial, thence to any point selected by the escort. The cost of such travel shall not exceed the cost of a round trip from the point of shipment in the continental United States to the place of burial.

3434.3. When remains are returned to the United States from a point outside the continental limits, an escort is not authorized from such points to the port of entry in the United States, except that a dependent who may be otherwise legally entitled to transportation under the provisions of *Navy Travel Instructions* may act as escort. The commandant of the yard or station designated to assume charge of the remains shall arrange for an escort from the port of entry to final destination of remains.

## 3435

**Appropriation Chargeable.**—3435.1. **ESCORT.**—Whenever an escort is furnished for dead of the Navy or Naval Reserve, all transportation and travel expenses of the escort to the prospective place of burial and return therefrom will be charged to the appropriation "Transportation and Recruiting, Naval Personnel." The expenses of the escort for dead of the Marine Corps or Marine Corps Reserve will be charged to (a) "Pay, Marine Corps" when an officer of the Marine Corps or Marine Corps Reserve acts as escort and (b) "General Expenses, Marine Corps" for a civilian or enlisted escort.

3435.2. **CORPSE TICKET.**—When the remains of the dead of the Navy or Naval Reserve are shipped on transportation request the cost of the ticket for the corpse will be charged to the appropriation "Medical Department, Navy." In the case of dead of the Marine Corps or Marine Corps Reserve the cost of the corpse ticket will be charged to the appropriation "General Expenses, Marine Corps."

## 3436

**Civilian as Escort.**—When a relative or other person not a member of the Navy or Marine Corps serves as escort (par. 3431), the expenses of such escort payable by the Navy or Marine Corps shall include subsistence en route and sleeping-car accommodations to place of burial and return therefrom when necessary, as provided by *Navy Travel Instructions*.

## 3437

**Escort for Cremated Remains of Naval Dead.**—The Act of May 26, 1928 (ch. 779, 45 *Stat.* 767) authorizes an escort for the cremated

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

remains of an officer, enlisted person, or officer of the Nurse Corps who has died in the naval service if the escort actually carries the receptacle containing the ashes with him on the trip and personally delivers it to a member of the family or other proper person at the authorized destination (*Comptroller General A-27358*, Jun. 29, 1929).

## 3438

**Naval Reservist as Escort.**—Under the Act of May 26, 1928 (ch. 779, 45 *Stat.* 767) a member of the Naval Reserve not on active duty may act as a civilian escort and while acting in that capacity is entitled to such travel and subsistence expenses as may be authorized by *Navy Travel Instructions*. An assignment to active duty for the purpose of acting as escort for the body of a naval reservist who died while on active duty is not training duty, but duty for the purpose may be authorized by the Secretary of the Navy as "other duty" without pay, and the member so acting is entitled to transportation in kind (*Comptroller General A-29117*, Oct. 22, 1929).

## 3439

**Escort Not Authorized.**—An escort shall not be furnished for remains of the following classes of personnel who die in a naval hospital even though transportation home is authorized at Government expense: (a) Members of the Naval and Marine Corps Reserve retained for treatment after expiration of active-duty period for injury or disease incurred on active duty; (b) enlisted men retained for treatment after expiration of enlistment; and (c) accepted applicants for enlistment in the Marine Corps.

## SECTION VII. FUNERAL EXPENSES

	Paragraph
When Authorized .....	3440
Specific Provisions .....	3441
Appropriation Chargeable .....	3442
Funeral Expenses of Personnel on Active List .....	3443
Disposition of Remains at Activities Having Burial Contracts.....	3444
Limitation of Expenses .....	3445
When Government Services Are Refused .....	3446
Funeral Expenses at Home Allowed .....	3447
Cremation of Remains .....	3448
Burial Prior to Ascertaining Wishes of Next of Kin .....	3449
Transportation to a Place Outside the United States .....	3450
Coroner's Inquest .....	3451
Funeral and Burial Expenses of Destitute Persons .....	3452
Burial of Unclaimed Bodies .....	3453
Burial at Sea of Inactive Personnel or Civilians .....	3454

## 3440

**When Authorized.**—Funeral expenses of persons who die in the service of the Government, either in civil branches or in the Army, Navy, or Marine Corps, active or retired, are payable by the Government only when specific provision is made therefor by law (1 *Comp. Gen.* 284, Nov. 25, 1921).

## SECTION VII. FUNERAL EXPENSES

## 3441

**Specific Provisions.**—The annual appropriation for the Medical Department of the Navy includes provisions for the care of the dead as authorized by law, including transportation. The Act of April 20, 1940 (54 *Stat.* 144) enumerates the purposes for which expenditures may be made and the classes of personnel included in the authorization. The appropriation "General Expenses, Marine Corps" provides for funeral expenses and transportation of deceased members of the Marine Corps and is chargeable in accordance with instructions in paragraph 3442.

## 3442

**Appropriation Chargeable.**—3442.1. **LOCAL BURIAL OR SHIPMENT.**—The appropriation "Medical Department, Navy" is chargeable with the cost of recovery of bodies; cremation, but only on the request of the relatives of the deceased; embalming, clothing, and encasement; transportation to the home of the deceased, or to a national or other cemetery designated by proper authority; and interment, of the following deceased persons: (a) Officers, officers of the Nurse Corps, and enlisted personnel, Navy, active; (b) officers, officers of the Nurse Corps, and enlisted personnel, Navy, retired, on active duty at the time of their death; (c) officers and enlisted personnel, Marine Corps or Marine Corps Reserve, on active duty (or retired, on active duty) who die in or whose remains are transferred to naval hospitals or stations in the United States having contracts for care of the dead (expenses for transportation of Marine Corps dead are chargeable to "General Expenses, Marine Corps" in all cases except when transportation away from the United States is involved); (d) members of the Naval Reserve who die while on active duty or training duty, or while performing authorized travel to or from such duty; (e) members of the Naval Reserve Officers Training Corps who die while en route to or from or while participating in authorized practice cruises or while hospitalized or undergoing treatment; (f) accepted applicants for enlistment; (g) former enlisted personnel of the Navy or Marine Corps who were discharged while patients in hospitals and who remain as patients in such hospitals to the day of their death; (h) civilian employees of the Navy Department or naval establishment who have been ordered to duty outside the continental United States and who die while on such duty, or while performing authorized travel to or from such duty (par. 4130), or who die while in a travel status away from their official stations within the United States (par. 4129); (i) officers and enlisted personnel of the Naval or Marine Corps Reserve who are retained in a naval hospital for treatment after expiration of active duty period for disease incurred on active duty and who die while patients in such hospitals. For appropriations chargeable for other Marine Corps personnel reference should be made to paragraph 3442.3.

3442.2. **LOCAL BURIAL ONLY.**—The appropriation "Medical Department, Navy" is chargeable with the cost of local burial of the

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

following deceased personnel: (a) Pensioners who die in a naval hospital; (b) destitute patients who die in a naval hospital.

3442.3. MARINE CORPS.—(a) The appropriation "General Expenses, Marine Corps" is chargeable, except as noted in (b) below, with the cost of embalming, clothing, and encasement; funeral and local burial; and transportation to their homes or designated cemeteries in the United States, of the following deceased persons: (1) Officers and enlisted personnel, Marine Corps, active; (2) officers and enlisted personnel, Marine Corps, retired, on active duty at the time of death; (3) officers and enlisted personnel, Marine Corps Reserve, on active duty, or performing authorized travel to or from such duty; and (4) accepted applicants for enlistment in the Marine Corps.

(b) At stations or hospitals having annual contracts for care of the dead, expenses of preparation and local burial are charged, under the contract, to "Medical Department, Navy." Transportation is always chargeable to "General Expenses, Marine Corps" unless shipment to a foreign country is involved.

3442.4. EXPENSES NOT AUTHORIZED.—No appropriation is available except as noted in paragraph 3453 to pay the cost of embalming, clothing or encasement; funeral or local burial; or transportation to their homes or designated cemeteries of the following deceased personnel: (a) Officers, nurses, and enlisted personnel of the Navy and Marine Corps, retired, who were on inactive duty at the time of their death; (b) officers and enlisted personnel of the Naval or Marine Corps Reserve (except those retained for treatment for disease or injury incurred while on active duty) on inactive duty at the time of death; (c) reserve personnel of the Nurse Corps on inactive duty at the time of death.

3442.5. RESERVISTS, DEATH FROM INJURY DURING PEACETIME.—(a) Funds under the control of the Employees' Compensation Commission are available to pay the cost of embalming, clothing, and encasement, and funeral and local burial, or transportation to their homes or designated cemeteries of the remains of officers and enlisted personnel of the Naval or Marine Corps Reserve who die during peacetime after expiration of an active-duty period as the result of injury incurred while on active duty.

(b) When the remains of such an inactive reservist are cared for under the annual contract of a naval hospital or station, public voucher in favor of the contractor shall be prepared on the usual form and forwarded to the Bureau for transmission to the United States Employees' Compensation Commission. When no annual contract is available, itemized and properly certified dealer's bills, in duplicate, shall be obtained. The officer authorizing the services shall certify that the services were satisfactorily rendered. The bills then shall be submitted to the Bureau for transmission to the Employees' Compensation Commission for settlement.

(c) Shipment of remains of such an inactive reservist, when directed by the Bureau, shall be by express on Government bill of lading or by tickets procured on transportation request. When a bill of lading is used, the full name and rank or rate of the deceased

## SECTION VII. FUNERAL EXPENSES

shall be specified and there shall be typed across the face of the bill, on all copies, "Charges Payable by United States Employees' Compensation Commission." The bill of lading then shall be handled in the usual manner. When transportation request is used, the name and rank or rate of the deceased shall be similarly noted, and the entry as to appropriation chargeable shall be "United States Employees' Compensation Commission."

3442.6. VETERANS ADMINISTRATION PATIENTS.—Funds under control of the Veterans Administration are available to pay the cost of embalming, clothing, and encasement; funeral and local burial; transportation to their homes or designated cemeteries; and a small amount for expenses after arrival of body at destination, of Veterans Administration patients who die in a naval hospital. The remains of Veterans Administration patients who die in a naval hospital shall be transferred to the custody of the Veterans Administration regional director who will assume full charge of all arrangements for the preparation and disposition of the remains.

3442.7. The appropriations chargeable in the disposition of remains of personnel under the cognizance of the Navy are shown in the following table:

*Appropriation Chargeable*

Class of personnel	Preparation of remains	Transportation of remains	Corpse escort
Navy Personnel, active.....	Medical Department, Navy.	Medical Department, Navy.	Transportation and Recruiting, Naval Personnel.
Navy Personnel, Retired, on active duty.	-----do.-----	-----do.-----	Do.
Navy Personnel, Reserve, on active duty.	-----do.-----	-----do.-----	Do.
Officers, Marine Corps, active.	General Expenses, Marine Corps. <sup>1</sup>	General Expenses, Marine Corps.	Pay, Marine Corps. <sup>2</sup>
Enlisted Personnel, Marine Corps, active.	-----do. <sup>1</sup> -----	-----do.-----	General Expenses, Marine Corps.
Officers, Marine Corps, Retired, on active duty.	-----do. <sup>1</sup> -----	-----do.-----	Pay, Marine Corps. <sup>2</sup>
Enlisted Personnel, Marine Corps, Retired, on active duty.	-----do. <sup>1</sup> -----	-----do.-----	General Expenses, Marine Corps.
Officers, Marine Corps, Reserve, on active duty.	-----do. <sup>1</sup> -----	-----do.-----	Pay, Marine Corps. <sup>2</sup>
Enlisted Personnel, Marine Corps, Reserve, on active duty.	-----do. <sup>1</sup> -----	-----do.-----	General Expenses, Marine Corps.
Accepted applicants for enlistment, Marine Corps.	-----do. <sup>1</sup> -----	-----do.-----	Not authorized.
Former enlisted men retained in naval hospitals.	Medical Department, Navy.	Medical Department, Navy.	Do.
Civilian employees beyond continental limits.	-----do.-----	-----do.-----	Do.
Civilian employees in official travel status in U. S.	-----do.-----	-----do.-----	Do.
Naval or Marine Corps Reserve, retained in naval hospital after active duty for disease.	-----do.-----	-----do.-----	Do.
Naval or Marine Corps Reserve, retained in hospital after active duty for injury.	Employees' Compensation Commission.	Employees' Compensation Commission.	Do.
Naval pensioners, death in naval hospital.	Medical Department, Navy.	Not authorized.	Do.

<sup>1</sup> Except at hospitals or stations having an annual contract for care of the dead, where the appropriation "Medical Department, Navy" is chargeable.

<sup>2</sup> When an officer, Marine Corps or Marine Corps Reserve is escort; otherwise, "General Expenses, Marine Corps."

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

## 3443

**Funeral Expenses of Personnel on the Active List.—3443.1.** The necessary and proper funeral expenses of deceased personnel of the Navy and Marine Corps and the Naval and Marine Corps Reserve on active duty at naval stations within the continental limits of the United States shall be provided for by annual contracts, and elsewhere within the United States will be allowed when approved by the Bureau, or by such officers as may be designated by the Commandant, Marine Corps, as appropriate. Such expenses will be allowed only when authorized by law and shall in no instance exceed \$200 (exclusive of cost of shipment and the allowance for interment after delivery of the body to the place designated) unless due regard for decent burial renders greater expense necessary, which fact must be certified on all copies of the public voucher by the officer ordering payment of the bill (Art. 1841 (2), *Navy Regulations*). No expenses for travel to attend the funeral of an officer who dies within the United States shall be allowed except as provided in paragraph 3431 (Art. 1841 (1), *Navy Regulations*).

3443.2. The body of a person who dies within the continental United States or on board ship at a port within the continental United States shall, when it is practicable, be sent to the nearest naval hospital. A copy of NAVMED-N shall accompany each body so transferred. When such transfer is not practicable, the body shall be embalmed (par. 3420.1) and retained awaiting instructions from the Bureau. In time of war, the procedure for ships and stations outside the continental United States, as set forth in paragraphs 3419.2 and 3419.3, shall be followed.

3443.3. At recruiting stations or other activities at a considerable distance from a naval hospital or navy yard, or where there is no annual contract for care of the dead, the body shall be placed in the care of an undertaker for embalming and held until instructions are received from the Bureau or Commandant, Marine Corps, as appropriate.

## 3444

**Disposition of Remains at Activities Having Burial Contracts.—**

3444.1. Before making disposition of remains, the hospital or station having a contract for care of the dead shall definitely determine the status of the deceased in relation to the laws governing funeral and burial expenses, and shall determine that the instructions for disposition come from the designated next of kin or legal representative of the deceased, or are given by some person acting in accordance with the wishes of such next of kin or legal representative.

3444.2. A copy of NAVMED-HF-61, or, for marines, NAVMC-817-QM (Information for Next of Kin) shall be sent to the next of kin or consignee and, whenever practicable, shall be sent so as to arrive in advance of remains.

3444.3. When the next of kin cannot be located, when the body is not claimed by the next of kin or legal representative, when there are conflicting claims, or when, for any reason, there is doubt as to

## SECTION VII. FUNERAL EXPENSES

the proper disposition to be made of the body, the facts shall be reported by dispatch to the Bureau (or to the Marine Corps Headquarters for Marine Corps personnel) with request for instructions.

3445

**Limitation of Expenses.**—All expenses shall be held to the lowest amount consistent with decent preparation and encasement in accordance with *Navy Regulations* or to meet the requirements of laws governing transportation.

3446

**When Government Services Are Refused**—When the services of the Government are refused and relatives take charge of the remains of Navy or Marine Corps dead, the expenses of preparation, encasement, and transportation may not be allowed by the Navy Department (*Comptroller Decision*, Mar. 19, 1901). When the remains are claimed by the family for private interment where a contract exists, even though available services are refused, allowance for expenses as specified in paragraph 3447.1 may be paid. If the services of the contract undertaker are refused, however, the family should be fully advised as to their responsibility for preparation, encasement, and transportation, and a release in writing obtained and forwarded with the report of disposition of remains to the Bureau.

3447

**Funeral Expenses at Home Allowed.**—3447.1. After the body of an officer or enlisted person of the Navy or Marine Corps has been prepared and shipped or delivered at Government expense to the place designated by the relatives, further expenses of funeral and burial may be allowed not to exceed \$50, applicable to the usual and customary services, such as hearse hire, transportation for immediate relatives to cemetery, undertaker's services, clergyman's services (not to exceed \$5), cost of single grave site, opening and closing of grave, etc. Claims may be submitted to the Bureau or to Marine Corps Headquarters covering such expense for burial of deceased personnel of the respective services, accompanied by properly certified and itemized bills, in duplicate.

3447.2. When death occurs at a place where a contract undertaker is not available and authority is given for preparation, encasement, and transportation at a cost not to exceed \$200 and interment is made locally, no expenses specified in paragraph 3447.1 shall be allowed.

3447.3. If the remains are shipped to a naval hospital or to a naval activity having a contract for care of the dead for interment in a national or naval cemetery in the vicinity, or are consigned direct to a national or Government cemetery (such as Arlington National Cemetery or the Veterans Administration Cemetery, Sawtelle, Los Angeles, California) the necessary expenses incident thereto are borne by the Government and, therefore, no allowance is payable to the next of kin.

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

3447.4. When primary expenses are defrayed by the Government through a local contractor and remains are delivered to the family in the same city for private interment, the funeral expenses specified in paragraph 3447.1 will be allowed except for items which duplicate expenses already incurred.

## 3448

**Cremation of Remains.**—When requested by the next of kin and on prior authority of the Bureau, cremation will be permitted at Government expense provided such cremation is included (a) in the \$200 allowance for preparation, encasement, and interment of remains when the body is to be buried locally; or, (b) in the \$200 allowance for preparation and encasement when the body is to be shipped. The expenses of cremation, when authorized as above, will be covered by emergency requisition approved in advance by the commandant, commanding officer, or senior officer present. Transportation of cremated remains will be allowed as an additional expense. Cremation after shipment of remains to destination will be allowed only as an item of funeral expenses provided in paragraph 3447.1.

## 3449

**Burial Prior to Ascertaining Wishes of Next of Kin.**—When a body has been buried prior to ascertaining the wishes of the next of kin, or if burial has been rendered necessary, for any reason, when the next of kin has requested shipment, the body may be exhumed and forwarded later, at Government expense, to the place designated by the next of kin. When burial has been made in compliance with the request of the next of kin the expenses of exhumation and transportation may not be defrayed by the Government.

## 3450

**Transportation to a Place Outside the United States.**—Transportation of remains to a place not within the United States may be allowed on the prior authority of the Bureau (*Comptroller Decision*, Nov. 10, 1902).

## 3451

**Coroner's Inquest.**—Expenses incident to a coroner's inquest may not be paid by the Government, the Comptroller General having ruled (A-16054, Nov. 15, 1926) that such expenses are not incident to funeral and burial of a person but are incident to the determination by civil authorities of the cause of death, and therefore constitute no obligation against the United States.

## 3452

**Funeral and Burial Expenses of Destitute Persons.**—3452.1. The funeral and burial expenses of destitute persons who die in naval hospitals are authorized by the annual appropriation "Medical De-

## SECTION VII. FUNERAL EXPENSES

partment, Navy." In view of the Comptroller General's decision (A-8220, Mar. 19, 1925), however, that no person in receipt of retired or retainer pay to date of death can be considered as having died destitute, and of other provisions for the care of remains of those classes of personnel whose admission to naval hospitals is authorized by law, the Bureau reserves the determination of the meaning of the word "destitute" appearing in the appropriation. No expenses shall be incurred for care of remains of destitute patients without the prior approval of the Bureau except as a sanitary measure (*Comptroller Decision*, July 24, 1914).

3452.2. Moneys found among the effects of deceased persons cannot be used to defray funeral expenses.

## 3453

**Burial of Unclaimed Bodies.**—When the remains of a retired officer or retired enlisted person, or inactive member of the Fleet Reserve or Fleet Marine Corps Reserve (transferred thereto after 16 or more years of service) who has died in a naval hospital are unclaimed, burial shall be chargeable to the appropriation "Medical Department, Navy." The disbursing officer making payment shall be advised immediately as to the facts, and directed to forward a checkage request covering burial expenses to the Bureau of Supplies and Accounts (or Quartermaster General, Marine Corps) for transmittal to the officer carrying the retired or retainer pay accounts and lodgment against any pay due the deceased at date of death, with consequent reimbursement to the appropriation "Medical Department, Navy."

## 3454

**Burial at Sea of Inactive Personnel or Civilians.**—3454.1. Requests to conduct burials at sea of the remains of inactive service personnel or civilians shall be referred by the senior officer present to the Chief of Naval Operations for authorization, with a statement as to the practicability of complying with the request. If authority is granted, arrangements for the burial shall be made directly with authorized persons having charge of the remains. The date of burial will be determined by the availability of the naval vessel concerned.

3454.2. (a) The following papers shall be presented to the commanding officer concerned before the remains are taken into the custody of the Navy: (1) The request and authorization from the authorized person having charge of the remains; and (2) a transit permit or burial permit issued by the responsible civil authorities at the place of death, whether or not the remains are cremated. Appropriate entry regarding the presentation of such papers, together with specific identifying data regarding them, shall be entered in the log.

(b) After the burial, the above-mentioned papers shall be appropriately endorsed by the commanding officer of the ship concerned as to the fact of the burial, and forwarded to the Secretary of the Navy.

## PT. III. CH. 4. DEATHS AND RESULTING DUTIES

3454.3. There is no authority for the direct expenditure of Government funds for materials in connection with disposition of remains in such cases.

## SECTION VIII. FUNERALS AND FUNERAL FLAGS

	Paragraph
Funeral Ceremonies .....	3455
National Flag .....	3456

## 3455

**Funeral Ceremonies.**—Funeral ceremonies are conducted in accordance with the provisions of Chapter 5, *Navy Regulations*.

## 3456

**National Flag.**—3456.1. Commandants of navy yards, commanding officers of vessels, senior officers present, and medical officers in command of naval hospitals are authorized to issue the national flag (United States National Ensign No. 7) to accompany all bodies of naval or Marine Corps personnel forwarded or delivered to the next of kin or relatives for private interment, in order that the flags may be available for use at the time of burial. Request for such issue shall be construed as included in the application for the body. The flag shall be enclosed in a suitable canvas bag or sack and securely attached to the casket, or placed inside the shipping box, in which case the box shall be labeled "Flag Inside" or the consignee otherwise notified.

3456.2. Flags used for draping coffins of officers and enlisted men of the Navy which are issued to relatives, schools, patriotic orders, or societies, in accordance with the Naval Appropriation Act of June 30, 1914, shall, when issued, be expended by the issuing officer on an invoice (S. and A. Form 127) as a charge to the current appropriation, "Maintenance, Bureau of Ships," and to Expenditure Account 45818 at naval hospitals and 79020 at other activities. Flags for draping coffins of Marine Corps personnel will be issued by commanding officers of Marine Corps posts and stations in accordance with Article 3-5, *Marine Corps Manual*. Retired officers and enlisted personnel, and members of the Naval Reserve and Marine Corps Reserve, when on active duty, are officers and enlisted personnel within the meaning of the Naval Appropriation Act of June 30, 1914.

## SECTION IX. COAST GUARD

	Paragraph
Care of Dead .....	3457

## 3457

**Care of Dead.**—3457.1. Whenever deaths of Coast Guard personnel occur in naval activities or whenever naval hospitals are requested to assume charge of Coast Guard dead, the care, trans-

## SECTION IX. COAST GUARD

portation, and burial of the remains shall be arranged in the same manner as for Navy dead except that all expenses, including cost of funeral flags, shall be billed to the Coast Guard and all reports transmitted to Coast Guard Headquarters, Washington, D. C. When services in connection with the care of Coast Guard dead are procured under a Navy contract, payment should be made in the usual manner by public voucher drawn directly under the appropriation, "General Expenses, Coast Guard," of the applicable fiscal year.

3457.2. If practicable, the Coast Guard shall be requested to notify the next of kin of deaths among its personnel and obtain all instructions for the disposition of the bodies.

3457.3. Except in emergency, a casket furnished by a Navy contractor rather than a Navy standard casket shall be used to encase the remains of Coast Guard dead.



## PART III—CHAPTER 5A

### GENERAL PROVISIONS CONCERNING SANITATION

	Paragraphs
Section I. GENERAL .....	35A1–35A2
II. FOOD AND WATER SUPPLY .....	35A3–35A4
III. SWIMMING SITES .....	35A5
IV. GARBAGE, REFUSE, AND SEWAGE DISPOSAL .....	35A6–35A7
V. LIGHTING AND VENTILATION .....	35A8
VI. COMMUNICABLE DISEASE CONTROL .....	35A9
VII. INSECT AND RODENT CONTROL .....	35A10–35A13
VIII. SANITARY STANDARDS FOR NAVAL FACILITIES .....	35A14–35A18
IX. FIELD SANITATION .....	35A19–35A20

#### SECTION I. GENERAL

	Paragraph
Responsibility .....	35A1
Procedures .....	35A2

#### 35A1

**Responsibility.**—The responsibility of the medical officer in matters of sanitation extends into fields under the cognizance of other departments. All phases of sanitation in the Navy, however, have a direct bearing on the health of naval personnel, and the medical officer, through his professional qualifications, is charged with the maintenance of health standards. The medical officer's primary responsibility in regard to sanitation, as provided by *Navy Regulations*, is fulfilled by written recommendations, based on appropriate inspections, to the commanding officer. A further responsibility of the medical officer is to effect such measures, with the approval of the commanding officer, as may be necessary to provide proper sanitation.

#### 35A2

**Procedures.**—The Bureau and fleet commanders-in-chief have issued instructions concerning certain phases of sanitation, and these recommended procedures shall be followed by the medical officer whenever applicable. Where no instructions have been issued by the Bureau or other competent naval authority, the medical officer shall adopt such measures as are necessary to fulfill his responsibilities relative to sanitary matters.

PT. III, CH. 5A. GENERAL PROVISIONS  
CONCERNING SANITATION

SECTION II. FOOD AND WATER SUPPLY

	Paragraph
Rations .....	35A3
Water .....	35A4

35A3

**Rations.**—35A3.1. The medical officer, in carrying out his responsibilities relative to food, shall: (a) Inspect, as to their quality, all fresh provisions to be used by an authorized mess; (b) frequently inspect, or have inspected by a medical officer, the food for the sick; and (c) examine monthly the character and preparation of food. He shall make appropriate reports and recommendations concerning such inspections.

35A3.2. The medical officer shall inspect all cooking and messing facilities for cleanliness, and shall make any necessary reports and recommendations to the commanding officer.

35A4

**Water.**—The medical officer shall make inspections and recommendations necessary to insure an adequate supply of potable water (Arts. 1320 (5) and 1324, *Navy Regulations*). In the event of an acute water shortage, the medical officer shall advise the commanding officer relative to the rationing of water.

SECTION III. SWIMMING SITES

	Paragraph
Swimming Sites .....	35A5

35A5

**Swimming Sites.**—The medical officer shall make appropriate recommendations to the commanding officer concerning the safety precautions and sanitary maintenance to be observed in and around swimming sites.

SECTION IV. GARBAGE, REFUSE, AND SEWAGE DISPOSAL

	Paragraph
Garbage and Refuse Disposal .....	35A6
Sewage Disposal .....	35A7

35A6

**Garbage and Refuse Disposal.**—The medical officer shall make the necessary inspections and recommendations to the commanding officer to insure that garbage and refuse are disposed of in a sanitary manner (Arts. 1337 and 1505 (6), *Navy Regulations*).

35A7

**Sewage Disposal.**—The medical officer shall make necessary inspections and recommendations to the commanding officer for the sanitary disposal of sewage and liquid waste.

## SECTION VII. INSECT AND RODENT CONTROL

## SECTION V. LIGHTING AND VENTILATION

Paragraph

Lighting and Ventilation ..... 35A8

## 35A8

**Lighting and Ventilation.**—The medical officer shall make recommendations to the commanding officer for proper lighting and ventilation of ships and barracks. Reference should be made to *Bureau of Yards and Docks Manual*, *Bureau of Ships Manual*, *Design Data*, *Bureau of Yards and Docks*, and to current Bureau instructions.

## SECTION VI. COMMUNICABLE DISEASE CONTROL

Paragraph

Communicable Disease Control ..... 35A9

## 35A9

**Communicable Disease Control.**—The medical officer shall be on the alert for the early detection of infectious diseases, shall recommend the necessary control measures to the commanding officer, and shall institute the necessary restriction of personnel and take such other action, with the approval of the commanding officer, as may be required to prevent the spread of communicable disease.

## SECTION VII. INSECT AND RODENT CONTROL

Paragraph

Mosquito Control ..... 35A10  
 Control of Other Disease-Bearing Insects ..... 35A11  
 Control of Insect Pests ..... 35A12  
 Rodent Control ..... 35A13

## 35A10

**Mosquito Control.**—35A10.1. **GENERAL.**—The control of mosquitoes is of importance in the prevention of malaria, dengue, yellow fever, filariasis, and certain forms of encephalitis and encephalomyelitis. It is the duty of the medical officer to inform the commanding officer with regard to the existence of insect-borne diseases, either potential or real. He shall recommend and supervise necessary control or preventive measures (Arts. 1133 and 1135, *Navy Regulations*).

35A10.2. **SPECIES CONTROL.**—The control of mosquitoes which are vectors of disease shall always be energetically undertaken. The control of species which do not transmit disease, but are only of a pestiferous nature, should be undertaken if they seriously interfere with training and routine operations.

35A10.3. **CONTROL MEASURES.**—The three approaches to the prevention and control of insect-borne diseases are:

(a) Prevention of breeding and destruction of adult mosquitoes by use of larvicides; draining and filling of breeding areas; spraying of insecticides for the control of species which do not transmit disease, but are only of a pestiferous nature, should be undertaken if they seriously interfere with training and routine operations.

(b) Protection of personnel from mosquitoes by use of screening, bednets,

headnets, protective clothing, and repellents; by avoidance of unnecessary exposure at dawn and at dusk or at other times a particular species is known to feed; and by the location of camp sites and anchorages, insofar as possible, in noninfested areas.

(c) Protection of personnel from human reservoirs of infection by the establishment of camps and anchorages at a safe distance from infected natives or the removal of natives from the area; by the treatment where advisable of the indigenous population, known or presumed to be infected; by the isolation of infected personnel by screening to prevent the infection of insect vectors; by the restriction of liberty in ports or areas where insect-borne diseases are known to exist; and by suppressive therapy or prophylaxis if necessary.

## 35A11

**Control of Other Disease-Bearing Insects.**—The medical officer shall formulate plans for the control of other disease-bearing insects for approval and execution by the commanding officer under the supervision of the medical department of the command.

## 35A12

**Control of Insect Pests.**—The medical officer shall make necessary recommendations to the commanding officer for the proper control of insect pests.

## 35A13

**Rodent Control.**—The medical officer is responsible for the formulation of a rodent control program for approval and execution by the commanding officer under the supervision of the medical department.

## SECTION VIII. SANITARY STANDARDS FOR NAVAL FACILITIES

	Paragraph
Berthing Spaces Afloat .....	35A14
Barracks .....	35A15
Hospitals .....	35A16
Brigs .....	35A17
Naval Prisons .....	35A18

## 35A14

**Berthing Spaces Afloat.**—The medical officer shall make routine sanitary inspections of berthing spaces and toilet, lavatory, and bathing facilities in order to maintain naval standards of satisfactory sanitation.

## 35A15

**Barracks.**—35A15.1. The medical officer shall make routine inspections of barracks in order to maintain satisfactory standards of sanitation.

35A15.2. The following are minimum requirements per man in all dormitories or sleeping rooms:

50 square feet of floor space per man.

450 cubic feet of room space per man.

5 feet minimum distance between heads of sleeping men.

35A15.3. For units of approximately 200 men, the proportions of

## SECTION VIII. SANITARY STANDARDS FOR NAVAL FACILITIES

plumbing fixtures to the number of men to be accommodated are as stated below. These proportions may be decreased for larger units but must be increased when smaller numbers are to be accommodated; for example, a detention barracks for only 12 men should have two toilets, two lavatories, a four-foot trough urinal, and three showers. Toilet, washing, and bathing facilities should be increased in schools where men use these facilities at one time.

(a) *Water Closets*.—One toilet for every 20 men.

(b) *Urinals*.—One foot of trough urinal for every 10 men, or 25 men to each individual urinal fixture. A small room containing a urinal for use at night only has been found to be a necessity in the barracks or dormitory when latrines are located in separate buildings.

(c) *Lavatories*.—One lavatory, or two linear feet of trough lavatory or wash sink, for every five men.

(d) *Dental Lavatories*.—One dental lavatory for each 15 men.

(e) *Showers*.—One shower for every 25 men.

(f) *Hot-water Tanks*.—The type of hot-water generator installed is determined by the facilities available. The required capacity of the storage tank may be roughly determined from the following allowances per fixture: each lavatory, five gallons; each sink, 10 gallons; each shower, 20 gallons.

(g) *Scrub Decks*.—One scrub deck 4 feet wide for every 20 men. Scrub decks, when located in the latrine building, should be in an entirely separate compartment with separate entrance. The general weather conditions prevailing at a station will determine the necessity for a separate room where the clothes are dried or for outdoor washing places and drying rigs.

35A15.4. For additional or more detailed information concerning the requirements and installation practices of the accessories described above, reference should be made to *Design Data, Bureau of Yards and Docks*.

## 35A16

**Hospitals.**—35A16.1. It has been found by experience that for Navy use a ward of 30 patients is the size most satisfactorily and economically handled. In tropical climates and in hospitals where a large number of convalescents are treated, the size of the ward can be increased advantageously. The basis upon which the floor space of naval hospital wards is figured is 100 square feet of floor area and 1,200 cubic feet of space for each bed. These figures are the minimum. The average size for beds used in the estimate is 6' 7"  $\times$  3'. Beds should be spaced eight feet from center to center. Ceiling heights of at least 10 feet are desirable.

35A16.2. The minimum number of plumbing fixtures required for patients is as follows:

	<i>Patients</i>
One lavatory to each .....	5
One water closet to each .....	10
One urinal to each .....	15
One shower to each .....	15
One slop sink to each .....	30

## 35A17

**Brigs.**—The medical officer shall make necessary inspections of the brig to insure maintenance of satisfactory sanitary conditions (Arts. 215 and 216, *Navy Regulations*).

PT. III, CH. 5A. GENERAL PROVISIONS  
CONCERNING SANITATION

35A18

**Naval Prisons.**—In examinations of prisons, medical officers shall be guided by sanitary standards for barracks, whenever such standards are applicable.

SECTION IX. FIELD SANITATION

General .....	Paragraph 35A19
Preparation for Field Service .....	35A20

35A19

**General.**—35A19.1. The responsibilities of medical officers in the field are essentially the same as those in permanent garrisons (Part I, Chapter 2D, of this Manual). They shall maintain an inspection service sufficient to insure the sanitary operation of messing facilities, water purification equipment, waste disposal facilities, and other appliances in order to protect the health of all personnel. Sanitary appliances used in the field are simpler and easier to construct than those used in permanent installations, but more attention is required to maintain them in satisfactory condition.

35A20

**Preparation for Field Service.**—35A20.1. After becoming familiar with all health and sanitary data available on the area to be occupied, the medical officer shall formulate a plan and the necessary sanitary orders for the practical solution of problems likely to be encountered and present them to the commanding officer for approval and execution. The plan shall provide for:

- (a) The indoctrination of all personnel in personal hygiene, sanitation, and the special protective measures to be used.
- (b) The assignment of an adequate complement of nonmedical personnel (approximately 2 percent of the command) to sanitary duties such as maintenance and care of latrines and urinals, fly control, mosquito control, rodent control, and garbage and waste disposal. In combat areas, additional personnel must be assigned for the handling and burial of the dead.
- (c) The thorough indoctrination of the nonmedical personnel in their sanitary duties for efficient performance with a minimum of supervision.
- (d) The assignment and enforcement of priorities for the acquisition of materials and supplies and the early construction of sanitary appliances in the field.
- (e) The selection and physical examination of food handlers, and their indoctrination in personal hygiene, sanitation in the preparation of food, and the care of utensils and mess gear.
- (f) The approval of the medical officer before galleys are placed in operation.

35A20.2. Planning, indoctrination, and training shall be completed in the training camp or staging area to provide an efficient, well trained sanitary organization upon landing.

35A20.3. The required immunizations shall be completed in ample time to provide protection upon arrival (Part III, Chapter 5B).

## PART III—CHAPTER 5B

### IMMUNIZATION

	Paragraphs
Section I. GENERAL PROVISIONS .....	35B1–35B5
II. SMALLPOX .....	35B6–35B9
III. TYPHOID AND PARATYPHOID .....	35B10–35B11
IV. TETANUS .....	35B12–35B16
V. YELLOW FEVER .....	35B17–35B20
VI. EPIDEMIC TYPHUS .....	35B21–35B23
VII. CHOLERA .....	35B24–35B26
VIII. PLAGUE .....	35B27–35B29

#### SECTION I. GENERAL PROVISIONS

	Paragraph
Definition .....	35B1
Use of Immunizing Agents .....	35B2
General Requirements for Immunization .....	35B3
Unfavorable Reactions .....	35B4
Standards and Procurement .....	35B5

#### 35B1

**Definition.**—Prophylactic immunization shall be construed to include the use of any virus, vaccine, toxoid, or other immunizing agent for preventive purposes.

#### 35B2

**Use of Immunizing Agents.**—In the employment of immunizing agents the medical officer shall be guided by the requirements in paragraphs 35B6–35B29 of this Manual, current directives of the Bureau, and the seriousness of the threat of disease to the personnel under his care.

#### 35B3

**General Requirements for Immunization.**—35B3.1. The medical officer having custody of a Health Record shall be responsible for the immunization of the person for whom the Health Record was issued. He shall enter promptly each immunization, together with the date of injection, in the Health Record.

35B3.2. Navy and Marine Corps recruits shall not be transferred from a training station, barracks, receiving ship, or other rendezvous, except in emergency, until the immunizations required under the provisions of this chapter are recorded in their Health Records. If an emergency requires transfer of an individual prior to completion of the immunizations, or before such immunizations have been recorded in the Health Record, a statement giving the status of the immunization procedures shall be forwarded with the Health Record to the medical officer of the individual's new ship or station.

## PT. III, CH. 5B. IMMUNIZATION

35B3.3. All personnel traveling outside the continental United States under the cognizance of the Navy Department shall have in their possession prior to embarkation a properly prepared NAVMED-585 (U. S. Navy Immunization Record) certified by the medical officer.

35B3.4. The prescribed intervals between injections shall be adhered to as strictly as possible. Any dose or doses which are delayed, however, should be administered at the earliest opportunity; a new series shall not be started.

35B3.5. A lapse in any of the booster immunizations, even of several years, does not necessitate repetition of the initial immunization procedure. It can be generally assumed that if an initial immunization has been given at any time in military service a single booster dose ordinarily will raise immunity to a satisfactory level.

35B3.6. Yellow fever vaccine and cowpox virus shall not be given concurrently.

## 35B4

**Unfavorable Reactions.**—Whenever a medical officer notes any occurrence of infection, abscess formation, severe toxic reaction, jaundice, encephalitis, or any other manifestation that might indicate any peculiarity in the inoculant used, he shall (1) discontinue use of the suspected lot of the inoculant; (2) report the incident to the Bureau, giving the name of the product, the name of the manufacturer, the lot number of the inoculant; and (3) request instructions from the Bureau as to the disposition of the suspected material. Mild to moderate febrile reactions, muscle soreness, inflammation, and other usual responses to the use of inoculants shall not be reported.

## 35B5

**Standards and Procurement.**—35B5.1. All vaccines and other immunization materials obtained in the continental United States for Navy use shall conform to the National Institute of Health requirements for the production and sale of such products. Such products, when purchased abroad, shall conform, if practicable, to the same or comparable requirements.

35B5.2. All inoculants required in this chapter, with the exception of yellow fever vaccine, shall be procured from the nearest naval medical supply depot or naval medical supply storehouse. Activities within the continental United States shall request an inoculant by submitting a NAVMED-4 requisition. Ships and stations outside the continental United States may make request by dispatch. When supplies are requested by dispatch, a confirming NAVMED-4 is not required. Yellow fever vaccine is stocked at naval activities other than continental medical supply depots, and may be procured by letter request or personal application to such regional distribution points. Continental storehouses do not carry yellow fever vaccine.

## SECTION II. SMALLPOX

## SECTION II. SMALLPOX

	Paragraph
Requirements .....	35B6
Vaccination Technique .....	35B7
Preservation .....	35B8
Types of Reactions and Recording .....	35B9

## 35B6

**Requirements.**—35B6.1. **GENERAL.**—All personnel of the Navy and Marine Corps on active duty, regardless of age, shall be immunized against smallpox.

35B6.2. **INITIAL VACCINATION.**—All persons in the Navy and Marine Corps shall be inoculated with cowpox virus upon entering the service. If the result is negative, the inoculation shall be repeated as often as necessary, at intervals of not more than 10 days, until there is reasonable assurance that the individual will not react positively to potent virus.

35B6.3. **REVACCINATION.**—Enlisted men shall be revaccinated at the following times: (a) Upon reenlisting or extending enlistments; (b) whenever exposed to smallpox; or (c) at any time if doubt arises as to protection afforded by previous vaccination. All other personnel shall be revaccinated (1) every four years; or (2) whenever exposed to smallpox. All personnel serving in areas of endemicity shall be revaccinated annually.

35B6.4. **NAVAL AND MARINE CORPS RESERVE.**—Members of the Naval and Marine Corps Reserve shall be vaccinated at the time of appointment or enlistment. If an individual's Health Record fails to show that he has been vaccinated, he shall be inoculated immediately after reporting for active duty.

35B6.5. **OUTSIDE UNITED STATES.**—Naval and civilian personnel traveling outside the continental United States under the cognizance of the Navy Department shall have a record of successful vaccination against smallpox (par. 35B9) within the year preceding the date of embarkation.

## 35B7

**Vaccination Technique.**—Vaccination shall be performed by or under the direct supervision of a medical officer, except that responsibility for vaccination may be delegated to other representatives of the Medical Department who are on independent duty. In order to avoid infection the virus shall be inserted, preferably by the multiple pressure method, into as small an area as possible. The area shall not cover more than one-eighth of an inch in any direction. The injection site shall be kept cool and dry. No shield or other dressing shall be used, unless complications occur.

## 35B8

**Preservation.**—Cowpox virus shall be subjected to continuous refrigeration at temperatures below 5° C. (41° F.). A temperature below 0° C. (32° F.) is preferable. Preservation during storage is

PT. III, CH. 5B. IMMUNIZATION

best accomplished in the freezing room of a refrigeration plant or in the freezing compartment of a mechanical refrigerator. During defrosting, vaccine stored in such places shall be transferred to another freezing compartment. In the absence of mechanical refrigeration facilities the virus shall be packed in suitable metal containers and placed directly on ice. Under no circumstances shall the virus remain for any length of time at temperatures above 5° C. (41° F.).

35B9

**Types of Reactions and Recording.**—The spreading and the receding of the area of erythema is the essential phase of the reaction. The medical officer shall determine the type of reaction by personal inspection and shall make the proper entry in the Health Record (if there is no reaction reference should be made to paragraph 35B6.2). The following types of reaction are determined by the time required for the area of erythema to reach its greatest diameter:

(a) An immune reaction occurs in a person who is fully protected against smallpox by previous vaccination or attack. The maximum diameter of the erythema is reached in 8 to 72 hours. There is usually no vesicle.

(b) An accelerated reaction means partial loss of protection gained from previous vaccination or attack. The maximum diameter of the erythema is reached in three to seven days. There is usually no vesicle.

(c) A primary reaction is observed in a person who has never had, or who has lost, all immunity. The maximum diameter of the erythema is reached in eight to fourteen days. There is always a vesicle at the site of the reaction.

SECTION III. TYPHOID AND PARATYPHOID

Requirements .....	Paragraph 35B10
Preservation .....	35B11

35B10

**Requirements.**—35B10.1. **GENERAL.**—All personnel of the Navy and Marine Corps on active duty, regardless of age, shall be immunized against typhoid fever and paratyphoid fevers.

35B10.2. **INITIAL IMMUNIZATION.**—Initial immunization shall consist of three consecutive subcutaneous injections at intervals of not less than seven nor more than twenty-one days. The first injection shall consist of 0.5 cc., the second injection of 1 cc., and the third injection of 1 cc. The vaccine shall contain 1,000 million typhoid organisms and 250 million each of paratyphoid "A" and "B" organisms per cc. This complete course shall be given to all personnel as soon as practicable after entrance into service.

35B10.3. **BOOSTER IMMUNIZATIONS.**—All personnel who have satisfied requirements for initial immunizations shall receive annually an intracutaneous injection of 0.1 cc. triple (typhoid-paratyphoid "A" and "B") vaccine as a routine booster dose.

35B10.4. **OUTSIDE UNITED STATES.**—All personnel traveling outside the continental United States under the cognizance of the Navy Department shall have a record of immunization against typhoid

## SECTION IV. TETANUS

fever and paratyphoid fevers, either by initial or booster immunization, within the year preceding the date of embarkation.

## 35B11

**Preservation.**—The typhoid-paratyphoid vaccine is best preserved when stored at temperatures between 2° C. (35.6° F.) and 5° C. (41° F.). It will, however, withstand exposure to ordinary room and outdoor temperatures. If, because of the exigencies of the service, vaccine has been unavoidably stored or shipped at temperatures higher than those recommended, it may be used with reasonable assurance of its potency provided that upon inspection it shows no evidence of physical change. Freezing of the vaccine shall be avoided.

## SECTION IV. TETANUS

	Paragraph
Requirements .....	35B12
Precautions .....	35B13
Identification Tag Record .....	35B14
Use of Antitoxin .....	35B15
Preservation .....	35B16

## 35B12

**Requirements.**—35B12.1. **GENERAL.**—All personnel of the Navy and Marine Corps on active duty, regardless of age, shall be immunized against tetanus. Alum-precipitated (insoluble) toxoid shall be used.

35B12.2. **INITIAL IMMUNIZATION.**—Initial immunization shall consist of two injections of 0.5 cc. each given intramuscularly at an interval of not less than four and not more than eight weeks. Such injections shall be given to all personnel as soon as practicable after entrance into service.

35B12.3. **BOOSTER IMMUNIZATION.**—One year after the completion of the initial immunization, all personnel shall be given, intramuscularly, a single booster injection of 0.5 cc. of alum-precipitated tetanus toxoid. Thereafter a single booster injection shall be given every four years in the event no emergency booster injections have been recorded during the interim. In addition to the above, all personnel shall receive, when possible, booster injections of 0.5 cc. of alum-precipitated tetanus toxoid before going into a combat zone, preferably one month prior to entrance into the zone.

35B12.4. **EMERGENCY BOOSTER INJECTIONS.**—In addition to the initial and routine booster injections, emergency booster immunization, consisting of 0.5 cc. of alum-precipitated tetanus toxoid, given intramuscularly, shall be administered immediately under the following conditions:

- (a) Whenever an individual receives a wound or severe burn in battle.
- (b) Whenever a patient undergoes a secondary operation or open manipulation, if, in the opinion of the medical officer, there exists the possibility of contamination with tetanus spores or organisms.
- (c) Whenever an individual receives punctured or lacerated non-battle wounds, powder burns, or other conditions which might be complicated by the introduction of tetanus spores or bacilli.

## PT. III, CH. 5B. IMMUNIZATION

**35B12.5. OUTSIDE UNITED STATES.**—All personnel traveling outside the continental United States under the cognizance of the Navy Department shall have a record of immunization against tetanus, either by the initial two-dose injections or by the booster injection following initial immunization, within the year preceding the date of embarkation.

## 35B13

**Precautions.**—When administering tetanus toxoid, especial care shall be exercised (1) to assure that the injections are deep and given intramuscularly; and (2) to avoid injecting tetanus toxoid directly into the blood stream. The preferred site of injection is the deltoid muscle, approximately half the distance from the point of the shoulder to the insertion of this muscle. Due consideration shall be given to the possibility of a sensitivity reaction.

## 35B14

**Identification Tag Record.**—After the second dose of tetanus toxoid has been given in the initial immunization the identification tag shall be stamped with the capital letter "T," followed by the number of the month and the last two digits of the year, for example, T-2-43.

## 35B15

**Use of Antitoxin.**—Tetanus antitoxin shall be used only for the treatment of clinical tetanus and for the prevention of tetanus in wounded individuals who have not previously been actively immunized with tetanus toxoid. In the latter case individuals given tetanus antitoxin prophylactically shall be initially immunized at the same time with tetanus toxoid.

## 35B16

**Preservation.**—Tetanus toxoid is supplied in 10 and 50 cc. amber glass containers. It shall be stored at temperatures between 2° C. (35.6° F.) and 10° C. (50° F.), and shall be protected against freezing.

## SECTION V. YELLOW FEVER

	Paragraph
Requirements .....	35B17
Precautions .....	35B18
Health Record Entries .....	35B19
Preservation .....	35B20

## 35B17

**Requirements.**—35B17.1. **GENERAL.**—Naval and Marine Corps personnel, their dependents, and civilian personnel traveling under the cognizance of the Navy Department shall be immunized against yellow fever before being transferred to or before traveling through

## SECTION V. YELLOW FEVER

defined areas where yellow fever is endemic. The defined areas are: (a) In Africa and adjacent islands between 20° North Latitude and 13° South Latitude; (b) in South America between 13° North Latitude and 30° South Latitude.

35B17.2. INITIAL IMMUNIZATION.—Initial immunization shall consist of a subcutaneous injection of 0.5 cc. of approximately 1:10 dilution of concentrated yellow fever vaccine.

35B17.3. BOOSTER IMMUNIZATION.—Booster immunization, consisting of a subcutaneous injection of 0.5 cc. of approximately 1:10 dilution of concentrated yellow fever vaccine, shall be given an individual of the Navy or Marine Corps, his dependents, or a civilian under the cognizance of the Navy four years after the initial immunization if such an individual is in a defined area where yellow fever is endemic.

35B17.4. EMERGENCY BOOSTER IMMUNIZATION.—An emergency booster immunization, consisting of 0.5 cc. of approximately 1:10 dilution of concentrated yellow fever vaccine, shall be given in the presence of an epidemic and when in the opinion of the medical officer the risk of infection is serious.

## 35B18

**Precautions.**—The following precautions shall be taken in immunizing personnel against yellow fever: (1) The vaccine shall be given subcutaneously, and injected only by a medical officer; (2) only one dose is required; (3) every precaution must be taken to avoid giving undiluted vaccine; (4) when an ampule of vaccine has been diluted the unused portion shall be discarded after three hours; (5) yellow fever vaccine shall not be given concurrently with smallpox vaccine. When both vaccinations are to be made, it is suggested that yellow fever vaccine be given first and that at least five days be allowed before the smallpox vaccine is administered. Typhoid vaccine shall not be administered in the four-day period when the febrile reaction to a previous dose of yellow fever vaccine is expected (between the fourth and seventh days following yellow fever inoculation).

## 35B19

**Health Record Entries.**—The name of the vaccine and lot number, as well as the date of vaccination and signature of the medical officer, shall be recorded on NAVMED-H-3 (Immunization Record) of the Health Record when yellow fever vaccine is administered.

## 35B20

**Preservation.**—Yellow fever vaccine shall be kept at a temperature not over 4° C. (39° F.) at all times during storage and shipment. Shipments of the vaccine from the medical supply depots shall be made in vacuum jars and it is intended that the jars be returned. The medical supply depots shall be responsible for the proper storing, packing, and shipping of yellow fever vaccine; shall take the necessary steps to insure that the vaccine is held within the pre-

## PT. III, CH. 5B. IMMUNIZATION

scribed temperatures while in transit; and shall notify the addressee of the exact time and place of arrival. A responsible person shall receive the vaccine and shall immediately place it in storage at the prescribed temperatures. The freezing room of a refrigeration plant makes the safest place for storage. The freezing compartment of a mechanical refrigerator is the second choice. During defrosting the vaccine shall be transferred to another freezing compartment, as the virus becomes inactive at room temperatures. If the vaccine is shipped and stored at the prescribed temperatures it is suitable for use for a period of two years from date of manufacture. Undiluted vaccine exposed for one hour or more at room temperature shall not be used.

## SECTION VI. EPIDEMIC TYPHUS

	Paragraph
Requirements .....	35B21
Preservation .....	35B22
Limitation of Immunization .....	35B23

## 35B21

**Requirements.**—35B21.1. **GENERAL.**—All naval and Marine Corps personnel, including dependents and civilian employees, on active duty in or about to be transferred to Asia, Africa, Europe (excluding Scotland, England, and Sweden), Mexico, Guatemala, British Honduras, Venezuela, Colombia, Ecuador, and Peru, or the waters of these areas, shall be immunized against epidemic typhus fever. Exceptions are those individuals who present acceptable evidence that they have been so immunized within six months prior to departure for such areas.

35B21.2. **INITIAL IMMUNIZATION.**—Initial immunization shall consist of two subcutaneous injections of 1 cc. each, 7 to 10 days apart, of epidemic typhus vaccine. The immunization shall be completed, when practicable, at least four weeks, but not more than six months, prior to the prospective date of arrival in any of the areas specified in the paragraph above.

35B21.3. **BOOSTER IMMUNIZATION.**—A booster dose of 1 cc. of epidemic typhus vaccine shall be given subcutaneously to all naval and Marine Corps personnel, including dependents and civilian employees, who are about to be transferred to any of the endemic areas specified in paragraph 35B21.1, and who present acceptable evidence that they previously have received the initial immunization dose, but have not received either initial or booster immunization within the six months prior to the date of embarkation. A booster dose of 1 cc. shall be given twice each year to all naval and Marine Corps personnel, including dependents and civilian employees, on active duty in the endemic areas. It is recommended that the first routine booster dose be given one month before the beginning of the typhus season and the second injection three months later.

35B21.4. **EMERGENCY BOOSTER IMMUNIZATION.**—An emergency booster dose shall be given whenever any unusual threat of an outbreak of epidemic typhus appears.

## SECTION VII. CHOLERA

## 35B22

**Preservation.**—Epidemic typhus vaccine shall be stored at temperatures between 2° C. (35.6° F.) and 5° C. (41° F.), and shall be protected from freezing.

## 35B23

**Limitation of Immunization.**—Epidemic typhus vaccine does not protect against flea-borne (murine) typhus, mite-borne (tsutsugamushi) typhus, or tick-borne typhus (Rocky Mountain spotted fever). Since inoculation produces only relative immunity it is imperative that high standards of hygiene and sanitation and rigid control measures for lice be maintained.

## SECTION VII. CHOLERA

	Paragraph
Requirements .....	35B24
Preservation .....	35B25
Limitation of Immunization.....	35B26

## 35B24

**Requirements.**—35B24.1. **GENERAL.**—All naval and Marine Corps personnel, including dependents and civilian employees, on active duty in, about to be transferred to, or traveling in India, Madagascar, eastern and southeastern Asia, Japan and Formosa, the Philippines, Celebes, and any other area where there is danger of endemic or epidemic cholera shall be immunized against cholera. Exceptions are those individuals who present acceptable evidence that they have been so immunized within the previous six months.

35B24.2. **INITIAL IMMUNIZATION.**—Initial immunization shall consist of two subcutaneous injections of cholera vaccine 7 to 10 days apart. The first injection shall consist of 0.5 cc., the second injection of 1 cc.

35B24.3. **BOOSTER IMMUNIZATION.**—A booster dose of 1 cc. of cholera vaccine shall be given subcutaneously to all naval and Marine Corps personnel, including dependents and civilian employees, who are about to be transferred to any of the areas specified in paragraph 35B24.1 and who present acceptable evidence that they have received initial immunization, but who have not received either initial or booster immunization within the previous six months. A booster dose of 1 cc. shall be given every six months after initial immunization to all naval and Marine Corps personnel, including dependents and civilian employees, on active duty in the areas specified in paragraph 35B24.1 as long as there is danger of infection.

35B24.4. **EMERGENCY BOOSTER IMMUNIZATION.**—An emergency booster dose shall be given whenever an outbreak of cholera is anticipated.

## 35B25

**Preservation.**—Cholera vaccine shall be stored at temperatures between 2° C. (35.6° F.) and 5° C. (41° F.), and shall be protected against freezing.

PT. III, CH. 5B. IMMUNIZATION

35B26

**Limitation of Immunization.**—Since inoculation produces only relative immunity it is imperative that high standards of hygiene and sanitation, and rigid control measures for water, milk, and food be maintained.

SECTION VIII. PLAGUE

	Paragraph
Requirements .....	35B27
Preservation .....	35B28
Limitation of Immunization.....	35B29

35B27

**Requirements.**—35B27.1. **GENERAL.**—All naval and Marine Corps personnel, including dependents and civilian employees, on active duty in, about to be transferred to, or traveling in areas where there is serious danger of exposure to plague or where an epidemic of plague exists shall be immunized against plague. Exceptions are those individuals who present acceptable evidence that they have been immunized within the previous four months.

35B27.2. **INITIAL IMMUNIZATION.**—Initial immunization shall consist of two subcutaneous injections of plague vaccine seven to ten days apart. The first injection shall consist of 0.5 cc., the second injection of 1 cc.

35B27.3. **BOOSTER IMMUNIZATION.**—A booster dose of 1 cc. of plague vaccine shall be given subcutaneously to all naval and Marine Corps personnel, including dependents and civilian employees, who are about to be transferred to any area where human plague has been endemic in recent years and in which, at the time of prospective entry, an epidemic exists, and who present acceptable evidence that they have received initial immunization but have not received either initial or booster immunization within the past four months. A booster dose of 1 cc. shall be given every four months after initial immunization to all naval and Marine Corps personnel, including dependents and civilian employees, on active duty in areas where human plague has been endemic in recent years and has become epidemic.

35B27.4. **EMERGENCY BOOSTER IMMUNIZATION.**—An emergency booster dose shall be given in the presence of a rapidly spreading epidemic.

35B28

**Preservation.**—Plague vaccine shall be stored at temperatures between 2° C. (35.6° F.) and 5° C. (41° F.), and shall be protected from freezing.

35B29

**Limitation of Immunization.**—Since inoculation produces only relative immunity it is imperative that all control measures against the flea vector and the rodent reservoir hosts be instituted and maintained.

## PART III—CHAPTER 5C

### QUARANTINE PROCEDURES

	Paragraphs
Section I. GENERAL .....	35C1–35C4
II. QUARANTINE RELATIVE TO SHIPS .....	35C5–35C12
III. QUARANTINE RELATIVE TO AIRCRAFT .....	35C13–35C17

#### SECTION I. GENERAL

	Paragraph
Laws .....	35C1
Diseases Subject to Quarantine .....	35C2
Incubation Periods .....	35C3
Fumigation of Ships .....	35C4

#### 35C1

**Laws.**—All quarantine procedures in the Navy are based on the Code of Regulations of the United States Public Health Service, which is in turn based on the Public Health Service Act of July 1, 1944 (ch. 373, 58 *Stat.* 682–711).

#### 35C2

**Diseases Subject to Quarantine.**—By international agreement, only five diseases are classified as quarantinable: cholera, plague, louse-borne typhus, smallpox, and yellow fever. In addition, the United States considers under its quarantine regulations: leprosy in aliens; anthrax, insofar as bristles for shaving or lather brushes are concerned; and psittacosis with reference to the importation of birds and their plumage likely to harbor the virus of the disease.

#### 35C3

**Incubation Periods.**—The incubation periods which control quarantine are agreed upon as follows:

<i>Disease</i>	<i>Incubation period (days)</i>
Cholera .....	5
Plague .....	6
Typhus .....	12
Smallpox .....	14
Yellow fever .....	6

#### 35C4

**Fumigation of Ships.**—Naval officers who may be required to supervise the fumigation of a naval vessel shall be guided by the *Handbook of the Hospital Corps*, the *Bureau of Ships Manual*, and current instructions. In general naval vessels are fumigated by the

## PT. III, CH. 5C. QUARANTINE PROCEDURES

U. S. Public Health Service, and certificates of exemption or fumigation must not be older than six months for ships subject to quarantine inspection. The indications for fumigation are the presence of five or more rats if the ship has had communication with a plague port, or 20 rats otherwise. It is not anticipated that fumigation of naval vessels or the securing of deratization certificates will be necessary except upon rare occasions.

## SECTION II. QUARANTINE RELATIVE TO SHIPS

	Paragraph
General Responsibility .....	35C5
Procedure upon Arrival at a United States Port .....	35C6
General "Q" Flag Regulations .....	35C7
"Q" Flag Regulations for Vessels with Medical Officers Aboard .....	35C8
"Q" Flag Regulations for Vessels with No Medical Officers Aboard ....	35C9
Quarantine Declaration Certificate .....	35C10
Disinsectization .....	35C11
Animals and Plants .....	35C12

## 35C5

**General Responsibility.**—35C5.1. All vessels, trains, automobiles, buses, and aircraft entering the United States, its Territories, or its possessions must comply with the Code of Regulations of the U. S. Public Health Service. Closely related to these regulations are laws governing the importation of fruits, vegetables, and plants, and the importation of animals and their products.

35C5.2. In general, quarantine handling of all craft in the United States is the concern of quarantine officers of the U. S. Public Health Service. At certain ports in time of peace (Guantanamo, for example) and at others during war, a naval medical officer may be assigned the duty of enforcing quarantine regulations of the U. S. Public Health Service. In occupied territories and on islands, naval medical officers may have to take full responsibility for such service. Under these conditions, the Code of the U. S. Public Health Service will be the basis for quarantine procedure. A naval medical officer will be assigned the duty of boarding vessels on which no medical officer is present, and of receiving reports when medical officers are present and boarding is unnecessary.

35C5.3. During war, an officer in charge of quarantine is assigned by the Chief of the Bureau to administer and inspect quarantine procedures in the Navy and to act as a liaison officer with the U. S. Public Health Service and with the Army. All questions concerning quarantine should be referred to the Bureau.

35C5.4. Whenever practicable, senior medical officers should establish liaison with local Public Health quarantine officers whether in the United States or in foreign countries. All laws and regulations of foreign countries must be complied with insofar as they apply to United States naval craft.

## 35C6

**Procedure upon Arrival at a United States Port.**—35C6.1. Whenever a person with a quarantinable disease or a person suspected of

## SECTION II. QUARANTINE RELATIVE TO SHIPS

having such a disease arrives in a United States port, the medical officer responsible for the patient shall immediately notify the nearest U. S. Public Health Service officer and take all steps necessary to prevent the spread of disease.

35C6.2. It is the responsibility of the senior medical officer aboard a vessel to inform the commanding officer of the following facts:

- (a) The names of all persons suffering from quarantinable diseases.
- (b) Whether or not the ports at which the vessel called were clean from the point of view of quarantinable disease. (Ports are considered clean with regard to smallpox and typhus unless an epidemic of a major scale is present, but the presence of one or more cases of the other quarantinable diseases renders a port unclean.)
- (c) Whether the behavior of the ship in an unclean port was such that it is likely to be infected.
- (d) Whether there are indications of rats aboard and an estimate of how many.
- (e) Whether there are psittacine birds aboard or animals coming under quarantine regulations.
- (f) Whether, under quarantine regulations, the ship may proceed to its berth without flying the "Q" flag.

35C6.3. If there is no medical officer aboard or in the convoy, the leading pharmacist's mate shall inform the commanding officer whether or not the ship should fly the "Q" flag (par. 35C9).

## 35C7

**General "Q" Flag Regulations.**—35C7.1. A naval vessel entering any port in the United States, including its Territories or possessions, shall fly the "Q" flag under the conditions specified in paragraphs 35C8 and 35C9. The vessel will be boarded by an officer of the U. S. Public Health Service or by a U. S. Navy quarantine officer, when one is present. When required to fly the "Q" flag the vessel shall enter quarantine at the first port of call in the United States, including its Territories or possessions. Upon being given free pratique at Alaska, Territory of Hawaii, Puerto Rico, or Virgin Islands, it may be considered to possess free pratique for all other ports of the United States provided no quarantinable disease exists aboard and, in the case of a vessel with no medical officer aboard or in the convoy or squadron, the vessel does not call at a foreign port after receiving pratique.

35C7.2. A naval vessel entering a United States port is not required to furnish a bill of health.

35C7.3. A naval vessel entering a port in the United States under conditions other than those specified in paragraphs 35C8 and 35C9 is required neither to fly the "Q" flag nor to request pratique.

## 35C8

**"Q" Flag Regulations for Vessels with Medical Officers Aboard.**

35C8.1. Upon entering a port of the United States, including its Territories or possessions, a naval vessel with a medical officer aboard or in the convoy or squadron shall observe the following regulations:

35C8.2. It shall fly the "Q" flag upon entering from any port,

## PT. III, CH. 5C. QUARANTINE PROCEDURES

foreign or domestic, where a quarantinable disease exists and communication has been of a type likely to convey infection. In the following instances communication is not "of a type likely to convey infection":

(a) *Cholera*—Provided that all persons aboard either have been inoculated against cholera, or have not been allowed to go ashore in known or suspected cholera ports; provided further, that no water supplies or only known cholera-free water supplies have been taken in cholera ports; provided further, that fresh food stores such as vegetables and fruits to be eaten raw have not been taken in cholera ports.

(b) *Yellow Fever*—Provided that all persons aboard have been inoculated against yellow fever if the vessel has called at a port known to be or suspected of being infected with yellow fever; provided further, that the vessel has remained at anchor not less than 200 meters from the nearest shore; provided further, that all necessary precautions to prevent the breeding of *Aedes aegypti* mosquitoes aboard the vessel have been taken.

(c) *Typhus*—Provided that all persons aboard have been inoculated against typhus if the vessel has called at a port infected with louse-borne typhus; provided further, that such persons are known to be louse-free.

(d) *Smallpox*—Provided that, if the vessel has called at a port suspected of having smallpox present in epidemic form, all persons aboard (1) have been successfully vaccinated against smallpox within the three years preceding the call at the port, (2) have had smallpox, or (3) have not been allowed to go ashore at the port.

(e) *Plague*—Provided that the vessel has remained at anchor during its stay in a port known or suspected of being plague-infected or has enforced and maintained adequate measures to prevent rat infestation, has not taken aboard rat-attracting or rat-harboring cargo or stores, and is in fact rat-free.

35C8.3. A ship shall fly the "Q" flag if any person aboard has or is suspected of having any of the following quarantinable diseases: cholera, plague, louse-borne typhus, smallpox, yellow fever, or in the case of an alien, leprosy.

35C8.4. A ship shall fly the "Q" flag for the purpose of rat inspection if it is so requested by the medical officer.

## 35C9

**"Q" Flag Regulations for Vessels With No Medical Officers Aboard.**—35C9.1. Upon entering a port of the United States, including its Territories or possessions, a naval vessel without a medical officer aboard or in the convoy or squadron shall conform to the following regulations:

35C9.2. It shall fly the "Q" flag upon entering from any foreign port. The vessel is considered not to have entered a foreign port if it does not officially enter or clear the port in question and has no contact with the shore other than (a) for purposes of receiving orders; (b) for taking on bunker oil or necessary sea stores; (c) because of distress or any other emergency, provided it does not remain longer than 24 hours. The following countries and possessions are considered to be domestic for the purposes of quarantine: Canada, Alaska, Territory of Hawaii, Bermuda, Puerto Rico, Virgin Islands, Newfoundland, west coast of Lower California, Bahama Islands, Cuba (including Guantanamo Bay), Canal Zone, St. Pierre, and Miquelon.

## SECTION II. QUARANTINE RELATIVE TO SHIPS

35C9.3. It shall fly the "Q" flag upon entering from any domestic port declared to be infected with quarantinable disease.

35C9.4. It shall fly the "Q" flag if any person aboard has or is suspected of having any of the following quarantinable diseases: cholera, plague, louse-borne typhus, smallpox, yellow fever, or, in the case of an alien, leprosy.

35C9.5. It shall fly the "Q" flag for the purpose of rat inspection if, within 60 days, the vessel has been in a port suspected of being or actually infected with plague.

## 35C10

**Quarantine Declaration Certificate.**—Upon entering a port of the United States, including its Territories or possessions, under conditions other than those specified in paragraph 35C8, a naval vessel with a medical officer aboard shall forward, within 24 hours after arrival, a modified quarantine declaration certificate (*General Order No. 157*) to the quarantine officer, U. S. Public Health Service, at the port of entry or at the nearest port in which a Public Health Service officer is located. The following is a copy of the modified quarantine declaration certificate:

Name or Number of Vessel .....  
Date of Arrival .....  
Port .....

Medical Officer in Charge,  
U. S. Quarantine Station.

**THIS IS TO CERTIFY THAT:**

1. The sanitary condition of the vessel is satisfactory and there has been no quarantinable or other communicable disease during the present voyage.

or

1. The sanitary condition of the vessel will be satisfactory when the ..... compartments utilized for quarters by potentially louse-infested personnel have been mechanically or otherwise deloused.

2. No psittacine birds (including African Grays, Amazons, Cockatoos, Lories, Lorikeets, Love Birds, Macaws, Mexican Double Heads, Parakeets, Parrots, or similar birds) will be landed.

3. The vessel has not visited foreign ports known or suspected to be infected with cholera, plague, epidemic typhus fever, smallpox, or yellow fever.

or

3. The vessel has visited foreign ports known or suspected to be infected with cholera, plague, epidemic typhus fever, smallpox, or yellow fever, but has held no communication which was likely to convey infection.

or

3. Communicable disease other than quarantinable has occurred during the present voyage but is under control. Active cases have been reported to the local civil health authorities upon arrival in port.

4. The vessel is believed to be free of rats and is not in need of an infestation inspection or fumigation by the U. S. Public Health Service.

or

4. Evidence of rat infestation has been noted and an inspection by the U. S. Public Health Service is requested with a view to instituting corrective measures.

.....  
Signature and Title of Medical Officer

.....  
Commanding Officer

## PT. III, CH. 5C. QUARANTINE PROCEDURES

## 35C11

**Disinsectization.**—35C11.1. All vessels arriving in United States ports, or in foreign ports if required by laws governing such ports, shall be disinsectized by the use of pyrethrum sprays or DDT or both, under the following conditions:

(a) If from a port where epidemic yellow fever is present.

(b) If from a port having a species of anopheles mosquito present which does not inhabit the port of destination, provided, (1) the ship has anopheles aboard, (2) it was anchored within one mile of the breeding areas of the mosquito, or (3) it has been less than seven days in voyage.

(c) No disinsectization shall be required of ships sailing to the United States from ports in the places listed in paragraph 35C16.4, or from North or South America.

35C11.2. All possible breeding places on board the vessel must be eliminated or properly oiled, treated with DDT, or screened.

## 35C12

**Animals and Plants.**—It is the duty of the senior medical officer or leading pharmacist's mate to inform the commanding officer of the regulations forbidding importation of animals, plants, vegetables, or fruits. Pathogenic cultures or tissues, or animals infested with pathogenic organisms, may be carried only in accordance with the provisions of paragraph 35C15.

## SECTION III. QUARANTINE RELATIVE TO AIRCRAFT

Paragraph

General Responsibility .....	35C13
Quarantine of Personnel .....	35C14
Quarantine of Plants, Animals, and Their Products .....	35C15
Disinsectization of Aircraft .....	35C16
Technique of Disinsectization .....	35C17

## 35C13

**General Responsibility.**—All commanding officers concerned are responsible for the observance of these regulations. Commanding officers are required to establish liaison with local quarantine authorities and to authorize medical officers to inspect personal baggage, if necessary, in order to carry out these regulations.

## 35C14

**Quarantine of Personnel.**—35C14.1. The quarantinable diseases to which these regulations refer are: cholera, plague, smallpox, louse-borne typhus, and yellow fever, and, in addition, leprosy with reference to the United States, its Territories, and its possessions.

35C14.2. The following instructions shall apply when passengers are transported by naval aircraft from overseas to the United States, its Territories, and its possessions, except when departing from Puerto Rico, Territory of Hawaii, Canal Zone, Virgin Islands, Alaska, Canada, Cuba, and Bahamas, all other islands of the Caribbean area where United States airbases are established, Newfoundland, St. Pierre, Miquelon, and the British Isles, and the continental

## SECTION III. QUARANTINE RELATIVE TO AIRCRAFT

United States. They shall also apply if required by a foreign government to whose country the passengers are destined.'

(a) All passengers shall be informed they may not have in their possession any animal, plant, or their products in violation of the provisions of paragraph 35C15.

(b) All naval personnel and civilians, unless otherwise exempted, shall be inspected within 48 hours of departure by a medical officer or his representative, who shall satisfy himself the passenger is not suffering from a quarantinable disease, has been immunized in accordance with current Bureau directives, and is free from vermin. The passenger will be given the following certificate, which shall be presented to the operations officer or to the pilot of the aircraft, in the absence of an operations officer, before departure:

To the Operations Officer, Pilot, or Air Transport Officer:

.....  
 (Passenger's name) (Rank) (Number)  
 has fulfilled all medical requirements for transportation by naval aircraft to the destination indicated in his orders.

.....  
 (Naval medical officer or representative)

In the case of passengers embarking on aircraft of the Naval Air Transport Service, such a certificate shall be presented to the air transport officer at the point of embarkation. Because crew members are under close supervision of flight surgeons, they shall be considered to have fulfilled this requirement so long as they are immunized in accordance with regulations.

(c) Personnel of the United States Army may be transported in naval aircraft upon presentation of evidence that they have complied with Army regulations governing travel in Army aircraft, or they may be examined by naval medical officers for clearance.

(d) Civilians not subject to field service with the armed forces of the United States, military personnel of foreign countries, and persons bearing valid certificates of urgency approved by the Secretary of War, the Secretary of Navy, or the Secretary of State, shall not be required to be immunized except against smallpox, but no person shall be accepted for transportation if, in the opinion of the senior medical officer present, his transportation would imperil the health of other personnel, or if it is contrary to the requirements of the country of entry.

(e) A person ill with pneumonic plague, or whose last possible contact with pneumonic plague has been within seven days, shall not be transported on naval aircraft.

(f) The operations officer shall transmit to the pilot a "Quarantine Declaration—Aircraft" prepared according to the following form:

## QUARANTINE DECLARATION—AIRCRAFT

Aircraft Number ..... Airport .....  
 Destination ..... Date .....

The following personnel declare they do not have in their possession, nor will they take on board this plane, any animal or plant or their products subject to quarantine restrictions. These persons have presented medical certificates showing they have fulfilled requirements for embarkation on this flight or are not subject to such requirements. The names of persons having certificates of urgency are to be found on the reverse side of this form.

Name	Destination	Name	Destination

.....  
 Operations Officer, Pilot,  
 or Air Transport Officer.

PT. III, CH. 5C. QUARANTINE PROCEDURES

PILOT'S DECLARATION

1. To my knowledge no person has been ill, other than with air-sickness, on the flight, except as indicated on the reverse side.
2. There were no living birds, animals, caged insects, or bacterial cultures aboard on this flight, except as indicated on the reverse side.
3. The plane was disinfected in accordance with regulations just before the take-off, at the following place: .....

Pilot

Names of all passengers shall be indicated on the above form; any who have certificates of urgency shall be specifically indicated. The pilot shall present the declaration to all operations officers en route, who shall delete the names of passengers disembarking and add the names of new passengers and their destination. The pilot shall deliver the quarantine declaration to the operations officer or quarantine authority at his destination after completing his entries. The quarantine requirements of the U. S. Public Health Service are satisfied by freedom from vermin and quarantinable diseases and compliance with immunization requirements of the Navy and War Departments. The pilot shall call all notations on the reverse side of the above form to the attention of the proper authority. In flights operated by the Naval Air Transport Service, the above duties outlined for the operations officer shall be performed by the cognizant Naval Air Transport Service air transport officer.

35C14.3. When passengers depart for overseas from the continental United States, and the country to which they are destined has no other requirement, they shall conform to the requirements for immunization specified by current Bureau instructions, presenting their record cards to the operations officer or pilot. The procedure described in paragraph 35C14.2 shall then be carried out without further inspection of the passengers. Civilians not subject to field service with the armed forces of the United States, military personnel of foreign countries, and persons bearing valid certificates of urgency approved by the Secretary of War, the Secretary of Navy, or the Secretary of State shall be treated in the same manner when departing from the United States as when returning to it (par. 35C14.2).

35C15

**Quarantine of Plants, Animals, and Their Products.—35C15.1.** In order to avoid the transmission of animal or plant diseases and pests, and in order to observe strictly all pertinent civil and military regulations, no animal or plant product likely to convey disease or which is subject to quarantine or other restrictive regulations, and no living plant or animal (reptile, bird, fish, etc.), shall be carried across national boundaries by an airplane under the jurisdiction of the Navy except upon specific permit. This permit shall be secured in advance from the proper civil authority of the country into which importation is intended with the approval of the appropriate theater commander or the Chief of the Bureau. Pertinent regulations of the United States, its Territories, and its possessions are contained in current circular letters and general orders.

35C15.2. Such permits shall be requested only for plants, animals, or plant and animal products intended for scientific, educational, or military purposes. Requests shall show the species and number, type

## SECTION III. QUARANTINE RELATIVE TO AIRCRAFT

of container, source, destination, purpose for which intended, and the nature of any pathologic state.

35C15.3. It shall be the responsibility of the shipper properly to pack, crate, tie, and arrange for the care of all animals during flight, and when necessary administer sedative drugs. Written instructions for care, including feeding, watering, exercise, etc., shall be attached. Conspicuous labels, containing instructions for full protection of handlers, shall be attached to all cages containing animals infected with pathogenic organisms, or the animals shall be accompanied by a person responsible for their care. Proper disposition shall be specified for bedding, dejecta, and other material likely to be contaminated.

35C15.4. Even though otherwise authorized, no animal shall be transported by aircraft unless certified by a qualified veterinarian or naval medical officer to be free from disease, except as provided in paragraphs 35C15.2 and 35C15.3.

35C15.5. Pathogenic cultures or tissues, or animals infected with pathogenic organisms, may be carried by aircraft only in accordance with the provisions of paragraphs 35C15.1, 35C15.2, and 35C15.3 and if intended to be further transported in the United States mails must conform to *U. S. Postal Regulations, Title IV*, paragraph 589.

35C15.6. Raw meat and dressed poultry, or kitchen waste containing scraps thereof, shall not be landed by aircraft except in accordance with pertinent military and civil regulations. Particular attention is directed to restrictions pertaining to the use or sale of such material for animal feeding.

## 35C16

**Disinsectization of Aircraft.**—35C16.1. In view of the danger of introduction of insects which are economic hazards or vectors of disease, aircraft under Navy jurisdiction shall be disinsectized under the following provisions:

(a) Aircraft entering the United States, its Territories or possessions, shall, when required by civil regulations, be disinsectized in accordance with paragraphs 35C16.2 and 35C16.3.

(b) Aircraft entering a foreign area shall comply with the requirements of the country concerned for disinsectization. These requirements, if considered inadequate to protect the interests of the United States Navy, shall be supplemented by the measures provided by paragraph 35C16.2.

35C16.2. Disinsectization, except as noted in paragraphs 35C16.1 and 35C16.3, shall be carried out immediately before the last take-off prior to the entry concerned, using Aerosol Insecticide or an approved substitute (par. 35C17). Disinsectization shall be accomplished:

(a) By the pilot of the aircraft or under his direction by personnel of the flight crew;

(b) After full loading of fuel, baggage, cargo, passengers and crew, and during or prior to the warm-up of the engines;

(c) With all the doors, windows, hatches, and other openings closed during spraying, and until take-off, which shall not be sooner than two minutes after spraying with Aerosol bomb, or five minutes after spraying with hand-sprayer;

(d) In all cabin, cockpit, and baggage compartments, and in other places deemed necessary; if any are inaccessible from within the airplane, they shall be sprayed when loaded;

## PT. III, CH. 5C. QUARANTINE PROCEDURES

(e) And shall be certified in the "Quarantine Declaration—Aircraft." Where control towers are in operation, aircraft shall not be cleared for take-off until the disinsectization has been indicated by the pilot to the control tower. Operations officers shall maintain appropriate records.

35C16.3. In exceptional circumstances the method of disinsectization described in paragraph 35C16.2 may be amended as required by local military authorities or Public Health Service officials after written approval of the Chief of the Bureau and the Chief of Naval Operations.

35C16.4. Disinsectization shall not be required of aircraft arriving in the United States, its Territories or possessions from:

Continental U. S.	Alaska	Canada and adjacent areas
Iceland	Greenland	British Isles
Bahamas	Bermuda	Mexico, Federal District
Curacao and Aruba	St. Thomas, V. I.	Galapagos Islands

If flight has originated in other areas or stops have been made at other places en route between sunset and sunrise or under conditions favoring entrance of insects into the planes, disinsectization shall, however, be performed. All planes shall be disinsectized immediately prior to the last take-off before arrival in the Territory of Hawaii.

35C16.5. Civilian pilots of aircraft under Navy jurisdiction shall comply with these provisions.

## 35C17

**Technique of Disinsectization.**—35C17.1. When Aerosol Insecticide is used, instructions on the label shall be followed. All compartments and spaces should be sprayed, dividing proportionately the time periods indicated in paragraph 35C17.3. The spray should not be held closer than one foot to any stainable article.

35C17.2. In lieu of Aerosol Insecticide, disinsectization may be accomplished by fine vaporization from a hand-spray or other sprayer of a 1 to 5 dilution in kerosene of standardized pyrethrum extract. Approved insecticide and hand-sprayer may be obtained from the supply officer and should be used in accordance with paragraph 35C17.3 below. Because of the possible hazards in using kerosene mixtures in hand-sprays, the freon bomb should be used in airplanes in flight. Insecticides containing kerosene should be used only on the ground and away from any open flame.

35C17.3. The length of time necessary to spray the interior of the plane is indicated in the table below. For planes not listed, the time of spraying should be determined by comparison with planes of similar size in the table.

<i>Type of Plane</i>	<i>Seconds of Spraying</i>
One-seated .....	3
R50 series .....	10
R4D series .....	15
PBY series .....	15
RY-3, PB4Y-2 .....	20
PBM series .....	25
R5C-1 .....	25
R5D-1 .....	40
PB2Y-3R .....	45
PB2M-1R .....	90

## PART III—CHAPTER 5D

### SANITARY, INTELLIGENCE, AND SPECIAL REPORTS

	Paragraphs
Section I. SPECIAL REPORTS .....	35D1—35D6
II. QUARTERLY SANITARY REPORTS, SHORE STATIONS AND HOSPITALS.....	35D7—35D9
III. ANNUAL SANITARY REPORT FROM SHIPS..	35D10—35D12
IV. INTELLIGENCE REPORTS .....	35D13—35D16

#### SECTION I. SPECIAL REPORTS

	Paragraph
Special Epidemiological Report .....	35D1
Weekly Morbidity Report .....	35D2
Monthly Morbidity Report.....	35D3
NAVMED-A (Annual Syphilis Report) and Letter Report of Arsenical Reactions .....	35D4
Fleet Medical Officer's Annual Sanitary Report.....	35D5
Notes and Data .....	35D6

#### 35D1

**Special Epidemiological Report.**—35D1.1. A special epidemiological report shall be made by dispatch to the Bureau by the medical officer of a ship or shore station immediately upon (a) the occurrence of one or more cases of smallpox, plague, yellow fever, epidemic typhus, or cholera, or (b) the occurrence of any disease in an unusually rapidly spreading or fatal form. Identical information shall be forwarded to the fleet or force commander or to the commandant of the naval district. The dispatch report shall be promptly followed by a special epidemiological report in letter form.

35D1.2. A special report in letter form shall be submitted, via official channels, by the medical officer of a ship or shore station upon the occurrence of insanitary conditions that seriously threaten the health and welfare of personnel and upon the occurrence of any epidemic or outbreak of disease, including food poisoning, not warranting the dispatch report required by paragraph 35D1.1.

#### 35D2

**Weekly Morbidity Report.**—In time of war or other emergency and upon direction of the Bureau, a morbidity report is required weekly from all shore stations (including hospitals, covering duty personnel only) in the continental United States. This report shall be made on NAVMED-172 and shall be forwarded to the Bureau as soon as possible after midnight each Saturday. Airmail shall ordinarily be used, but regular mail may be employed if more rapid. Under ordinary circumstances, only those stations granted special permission by the Bureau shall submit the weekly morbidity report by dispatch.

## 35D3

**Monthly Morbidity Report.**—35D3.1. **GENERAL.**—NAVMED-582 (Monthly Morbidity Report) is designed to provide the Bureau with current information for planning and coordinating the program for the prevention, control, and treatment of morbidity.

35D3.2. **PREPARATION AND ROUTING.**—NAVMED-582 shall be prepared at the end of each month by all Navy and Marine Corps activities having Medical Department personnel attached. The original shall be forwarded promptly to the Bureau and a copy retained on file. An additional copy shall be forwarded to the cognizant senior medical officer, ashore or afloat, whenever required by him. The form shall be submitted as above for the portion of the month in operation whenever such activity is disestablished or decommissioned.

35D3.3. **CONSTITUTION OF AVERAGE STRENGTH.**—Each reporting activity shall include all personnel on duty with or on detached duty from that activity, including: (a) For tenders and other similar ships of the fleet, the crews of attached craft which carry no Medical Department personnel; (b) for yards and stations other than district headquarters, the crews of all yard craft attached; (c) for naval district headquarters, all persons directly under the jurisdiction of the district headquarters, and those on duty away from Medical Department personnel, including the crews of district craft which have no Medical Department personnel; (d) for central recruiting stations, all personnel under their jurisdiction.

35D3.4. **CALCULATION OF AVERAGE STRENGTH.**—Average strength for enlisted personnel shall be computed by dividing the total number of daily rations issued and commuted during the month, or part of the month covered by the report, by the number of days in that period. The average strength for officers, officers of the Nurse Corps, and additional personnel listed in paragraph 35D3.3, for whom data on daily rations is unobtainable, is computed by dividing the total number of personnel days by the number of days of the month. The number of rations issued and commuted may be obtained from the supply officer. Ships, stations, and yards shall not include in their average strength any personnel attached to the staff of a naval hospital. Naval hospitals shall report, as an average strength, only personnel attached to the staff (whether on active duty or in sick status), except that the U. S. Naval Hospital, Bethesda, Maryland, shall include all personnel attached to the staff of the National Naval Medical Center.

35D3.5. **PERSONNEL TO BE REPORTED.**—Each reporting activity shall include all personnel on duty with, or on detached duty from, that activity. For reporting personnel in special categories reference should be made to paragraph 35D3.6.

35D3.6. **REPORTING OF PERSONNEL IN SPECIAL CATEGORIES.**—Special categories of active duty personnel of the Navy and Marine Corps, regular and reserve, and the method of reporting them follow:

(a) Personnel admitted to the sick list while on leave, temporarily away from command, or while on duty away from Medical Department personnel, shall be reported as A (NEW ADMISSION) on the NAVMED-582 of the medical

## SECTION I. SPECIAL REPORTS

department of the activity to which they are permanently attached. When taken up on the sick list by the medical department of a naval activity other than the one to which permanently attached, they shall be reported by that activity as FT (FROM TRANSFER) and not as a new admission.

(b) Personnel on duty in yard craft shall be reported on the NAVMED-582 of the yard or station to which they are attached.

(c) Personnel of ships of the fleet which have no Medical Department personnel shall be reported on the NAVMED-582 of the ship (tender or other vessel) to which such craft are attached.

(d) Personnel on duty in submarines (exclusive of V-boats) shall be reported as in categories (a) and (c) of this paragraph. Personnel on duty in V-boats shall be reported on the NAVMED-582 of such V-boats.

(e) Personnel on duty in district craft which have no Medical Department personnel attached shall be reported on the NAVMED-582 submitted by the medical department of the district headquarters.

(f) Personnel on recruiting duty shall be reported on the NAVMED-582 of the central recruiting station to which they are attached.

(g) Personnel on detached, isolated, or other independent duty away from Medical Department personnel shall be reported on the NAVMED-582 of the command to which they are attached.

(h) Personnel on duty in the Navy Department, Washington, D. C., shall be reported by the U. S. Naval Dispensary, Washington, D. C.

(i) Death occurring while on leave or otherwise away from command shall be reported only on the NAVMED-582 of the activity to which the individual was attached. It shall be included in Part I of the first report submitted after receipt of notification of death.

(j) When intervening disabilities occur while on sick leave, they shall be reported on the NAVMED-582 of the medical activity from which sick leave was granted.

(k) When intervening disabilities occur while on convalescent leave, the first medical activity which takes up the individual on the sick list shall include the case on its NAVMED-582.

(l) Patients admitted to hospitals, other than naval hospitals, shall be reported on the NAVMED-582's of the respective activities to which the individuals are attached. If such a patient is attached to an activity not having Medical Department personnel, the procedures directed in categories (a), (b), (c), (d), (e), and (g) of this paragraph shall be followed.

(m) The U. S. Naval Hospital, Bethesda, Maryland, shall submit a NAVMED-582 covering all of the personnel attached to the National Naval Medical Center.

## 35D4

**NAVMED-A (Annual Syphilis Report) and Letter Report of Arsenical Reactions.—35D4.1.** NAVMED-A (Annual Syphilis Report) shall be submitted to the Bureau on 31 December of each year by each Navy or Marine Corps activity or unit. Instructions for the preparation of NAVMED-A are printed on the form.

**35D4.2.** A letter report in duplicate giving the following information shall be forwarded to the Bureau in each case in which a reaction follows the administration of an arsenical compound:

(a) Full name, rate, and date of birth.

(b) Approximate time and place of syphilitic infection, or other disease for which the arsenical was administered. If date and place of infection are unknown or questionable, the circumstances of the case shall be stated.

(c) Method of diagnosis; location and date of appearance of initial lesion; all clinical manifestations which tend to substantiate the diagnosis; date or dates of all dark-field examinations and their results; dates of all serologic tests and their results. If the disease treated is a disease other than syphilis, state the particulars of the case.

(d) Previous treatment: Amounts and dates of each course of arsenical treatment. Give inclusive dates of each course, the number of injections com-

**PT. III, CH. 5D. SANITARY,  
INTELLIGENCE, AND SPECIAL REPORTS**

prising the course, the total amount of each course in grams, and the type of arsenical administered.

(e) Course of treatment during which reaction occurred: Size and date of each dose of arsenical compound; state arsenical compound administered.

(f) Information regarding dose causing reaction:

- (1) Dilution used.
- (2) Age of drug.
- (3) Size of dose.
- (4) Lot number.
- (5) Name of preparation as labeled.
- (6) Name of manufacturer.
- (7) Time elapsing between the injection and the first symptom or sign of reaction.
- (8) Clinical manifestations as entered in the Health Record: In every instance the medical history must be stated in detail.
- (9) Laboratory findings: In each instance all laboratory reports, especially blood counts, must be stated.
- (10) Treatment given for the reaction: Sizes of doses of drugs, time administered, and method of administration must be entered.
- (11) Time of termination of case. State date of recovery. If patient is disposed of prior to complete recovery, state date of transfer and place to which transferred.

### 35D5

**Fleet Medical Officer's Annual Sanitary Report.**—Fleet and force medical officers shall prepare and forward, through official channels, a general sanitary report at the end of each year (par. 12C7).

### 35D6

**Notes and Data.**—Notes, data, and memoranda of value for the compilation of sanitary reports (Secs. II and III) shall be made from time to time by the medical officer and placed in the files in order that they may be available for the next Quarterly or Annual Sanitary Report. Senior medical officers when detached shall be careful to see that such data is available for use by their successors.

## SECTION II. QUARTERLY SANITARY REPORTS, SHORE STATIONS AND HOSPITALS

	Paragraph
Submission .....	35D7
Purposes .....	35D8
Outline .....	35D9

### 35D7

**Submission.**—The senior medical officer of each shore station, and the medical officer in command of each naval hospital and naval special hospital shall submit a Quarterly Sanitary Report to the Bureau as of 31 March, 30 June, 30 September, and 31 December each year, not later than the 15th day of the following month. Reports shall be routed via the commanding officer and the commandant for endorsements and comments, with specific reference to all recommendations and any action to be taken thereon. In cases of specific recommendations made for action by higher authority, endorsements shall include evaluation of recommendations and proposed remedial

## SECTION II. QUARTERLY SANITARY REPORTS, SHORE STATIONS & HOSPITALS

action. Copies of endorsements and comments shall be returned for the information of the reporting medical officer. The reports shall be classified as "secret" or "confidential" if necessary for security.

### 35D8

**Purposes.**—35D8.1. The purposes for which Quarterly Sanitary Reports are required of shore stations and hospitals are: (a) To inform the commanding officer of the sanitary conditions of the station, in order to recommend for his consideration needed corrective actions and to report on actions initiated or under way during the period covered; (b) to make recommendations and to report on corrective measures which fall under the cognizance of higher authority; and (c) to contribute information which will serve as a basis for establishing sanitation policies, standards, and practices of the Navy, for initiating research on or improving equipment, facilities, procedures, and organization for sanitation, and for securing the action of Navy Department bureaus having cognizance over activities where insanitary conditions exist.

35D8.2. The fact that sanitary reports are required only quarterly does not affect the responsibility of medical officers to conduct frequent inspections of sanitary conditions and to submit such additional reports as are believed necessary to commanding officers, commandants of naval districts, and the Bureau.

### 35D9

**Outline.**—The Quarterly Sanitary Report should conform to the following outline, but deviations may be made if considered essential by the medical officer in the presentation of pertinent or related facts.

#### QUARTERLY SANITARY REPORT of the

.....  
For the Period Ending.....

#### **A. Average Strength.**

State the average strength for the period covered by the report, showing the number of officers, enlisted personnel, and civilians, and designating the number of males and females under each of the three categories.

#### **B. Change in Basic Data.**

Basic data is interpreted to include those environmental factors or conditions and structural details or installations of a fundamental or relatively fixed nature that are related to health and sanitation. Examples are topography and climate, buildings, prison spaces, water supply and sewage installations, and sick bay facilities.

If general basic data for the station has been submitted in an earlier sanitary report, each quarterly report should include only an account of the changes in basic data occurring during the particular quarter.

#### **C. Evaluation of Sanitation in Terms of Fixed Standards and Minimum Requirements.**

Fixed standards and minimum requirements shall be interpreted as those established by *Navy Regulations*, *Manual of the Medical Department*, and Bureau directives and recommendations.

PT. III, CH. 5D. SANITARY, INTELLIGENCE, AND  
SPECIAL REPORTS

This section of the report shall give consideration to such subjects as: living quarters, toilet and bathing facilities, water supply and cross-connections, swimming pools, mess sanitation, fresh milk supply, and Navy ration.

The contents shall be limited to those conditions that do not meet fixed standards and minimum requirements. The reasons for failure to meet the standards, and an appraisal of the potential danger, shall be discussed in detail.

**D. Evaluation of General Sanitary Conditions.**

General sanitary conditions are interpreted to include such subjects as: disposal of sewage, garbage, and refuse; prevalence and control of insects and rodents; adequacy of clothing and laundry facilities; fungus infections; extra cantonment health hazards; industrial health hazards; sanitary discipline and general "housekeeping" standards.

Discussion of these subjects shall be limited to practices that are not considered satisfactory in the opinion of the medical officer.

**E. Special or Unusual Sanitary Problems.**

This section shall include a detailed discussion of any special or unusual sanitary problems that may develop during the quarter and action taken to correct the situation.

**F. Immunization Data.**

Immunization data, to be submitted only on the fourth quarterly report covering data for the entire year, shall be reported in the following form:

IMMUNIZATION DATA

Inoculant	Initial immunizations completed	Booster reinoculations completed
Cowpox virus.....	.....	.....
Typhoid—paratyphoid vaccine.....	.....	.....
Tetanus toxoid.....	.....	.....
Yellow fever vaccine.....	.....	.....
Typhus vaccine.....	.....	.....
Cholera vaccine.....	.....	.....
Plague vaccine.....	.....	.....
Diphtheria toxoid.....	.....	.....
Influenza vaccine.....	.....	.....
Measles immune globulin.....	.....	.....
Rabies vaccine.....	.....	.....
Rocky Mountain spotted fever vaccine.....	.....	.....
Other (specify).....	.....	.....

**G. Recommendations.**

The recommendations of the medical officer shall consist of three sections:

1. Action taken and progress to date relative to recommendations made (if any) in last sanitary report and any special reports made during the last quarter, including sanitary surveys and sanitation recommendations made by naval epidemiology units and by other investigators and inspectors.

2. Recommendations for action within the local command, or a statement of action being taken or to be taken within the command relative to unsatisfactory conditions discussed in the current quarterly report.

3. Recommendations for action by higher authority or a statement of action taken or to be taken by authority other than the local command in connection with conditions discussed in the current quarterly report.

**H. Historical Data (for fourth quarter only).**

Historical data shall be treated as an annual narrative report to be included only in the fourth quarterly report. Since the historical data is detached and routed separately upon its arrival at the Bureau, it shall be prepared on separate sheets and attached to the sanitary report. As a complete and accurate record of Medical Department activities is important to the Bureau

### SECTION III. ANNUAL SANITARY REPORT FROM SHIPS

both for informational purposes and as a guide for future medical organization and practices, the historical narrative must be a complete account in itself and independent of the sanitary report. With variations according to the type and functions of the station or hospital, historical data should be summarized under the following headings:

1. Chronology—tabular statement giving specific dates, places, and outstanding events associated with the history of the station, hospital, or Marine Corps activity.

2. Organization—organization of the activity and its position in the naval chain of command.

3. Narrative Account—medical activities of the station, hospital, or Marine Corps activity, and battle experiences, with emphasis on how the medical organization functioned and its position in the naval chain of command, rather than on clinical medicine and surgery. The account must be complete and accurate.

4. Additional Data—sidelights, whenever applicable, upon care of the sick and wounded; evacuation; noteworthy incidents in relation to epidemic diseases; clinical and professional notes, including data relative to preventive medicine, clinical practices, employment of and results from new and improved drugs, and noteworthy cases; special problems or noteworthy adaptations with regard to supplies and equipment; interesting incidents to illustrate particular points; and any other topics believed to be important in the medical history of the station, hospital, or Marine Corps activity.

5. Conclusion—summary of the most effective and least effective portions of the local medical program.

### SECTION III. ANNUAL SANITARY REPORT FROM SHIPS

	Paragraph
Submission .....	35D10
Purposes .....	35D11
Outline .....	35D12

#### 35D10

**Submission.**—All medical officers in charge of medical departments afloat shall prepare an Annual Sanitary Report to be forwarded to the Bureau on 15 January of each year covering matters of sanitation and preventive medicine of professional interest for the previous year. On ships to which no medical officer is assigned, the senior pharmacist's mate aboard shall submit the Annual Sanitary Report. The report shall be prepared in triplicate, one copy being retained in the files of the medical department and one being marked for the commander in chief. The original shall be routed via the commanding officer of the ship and division, squadron, force, and fleet commanders for endorsements and comments with specific reference to all recommendations and action taken concerning them. Copies of endorsements and comments shall be returned for the information of the reporting medical officer. The Annual Sanitary Report shall be given a "secret" or "confidential" classification if necessary for security purposes.

#### 35D11

**Purposes.**—35D11.1. The purposes for which Annual Sanitary Reports are required of ships are: (a) To establish sanitation policies, standards, and practices for the Navy; (b) to initiate research

PT. III, CH. 5D. SANITARY,  
INTELLIGENCE, AND SPECIAL REPORTS

and further study in making improvements in equipment, facilities, standards, procedures, organizations, and training; and (c) to secure the action of other Bureaus having cognizance over activities or installations which are creating insanitary conditions.

35D11.2. These purposes may be attained if descriptions of standards and practices in sanitation and preventive medicine included in the Annual Sanitary Report are limited to those which do not meet acceptable standards and minimum requirements. Acceptable standards and minimum requirements have been established by *Navy Regulations, Manual of the Medical Department*, Navy Department directives and recommendations, and other authoritative publications.

35D12

**Outline.**—The following list is recommended as a suggested, though not all inclusive, guide to preparing the Annual Sanitary Report:

ANNUAL SANITARY REPORT  
of the

.....  
For the Year Ending .....

A. *Basic Data* (to be included only if such data and descriptions have not been covered in previous reports; if alterations and changes have been made during the year, a brief account of such changes and improvements shall be added).

1. Ship—size, displacement tonnage, class, date first commissioned.
2. Berthing—number of decks used for berthing purposes, number of men berthed on each deck, deck area and cubic air space per billet in sleeping quarters.
3. Heating, ventilating, and air conditioning—means, adequacy, defects, and remedies. Constructive criticism is desired. In the event inadequacies are believed to exist in the heating or cooling of a specific space or spaces, such inadequacies should be reported together with atmospheric data when means for making measurements are available. In reporting inadequacies the data specified on the following form, which is suggested for making the report, should be included:

Compartment Name and Number	Compartment Volume Cubic Ft. (Est.)	Avg. No. Occupants of Comp't, if any	Weather Air Temp.— Dry Bulb	Weather Air Temp.— Wet Bulb	Compartment Air Temp.—Dry Bulb	Compartment Air Temp.—Wet Bulb	Supply Air Temp. at Duct Terminal	Exhaust Air Temp. at Duct Terminal	Rate of Air Supply Cubic Ft. per Min.	Rate of Air Exhaust Cubic Ft. per Min.
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4. Toilet and bathing facilities—number of men served per unit for urinals, washbowls, faucets, and showers; nature of the supply of water (fresh or salt); cross-connections and plumbing hazards; sanitary conditions, possible means of improvements; description of the manner in which hot water is made available for bathing.

5. Prison cells—number, location, cubic capacity, ventilation, heating, lighting, sanitary policing.

6. Barber shop—adequacy, sterilizing facilities, and sanitary orders.

7. Lighting—means, amounts, adequacy, defects, and remedies.

## SECTION III. ANNUAL SANITARY REPORT FROM SHIPS

**B. Other data on the Ship and Its Personnel.**

1. Movements—summary of movements of the ship during the period covered by the report, in the following manner:

	Arrived	Departed	Days in Port	Days at Sea
New York.....	2-2-45	2- 6-45	4	1
Norfolk.....	2-7-45	2-20-45	13	--

2. Number of officers and enlisted personnel attached on date of report.

3. Average strength—given separately for officers and enlisted personnel for period covered by the report.

**C. Immunization and Epidemiological Data.**

1. Immunization data shall be reported in the following form:

## IMMUNIZATION DATA

Inoculant	Initial immunizations completed	Booster reinoculations completed
Cowpox virus.....	-----	-----
Typhoid—paratyphoid vaccine.....	-----	-----
Tetanus toxoid.....	-----	-----
Yellow fever vaccine.....	-----	-----
Typhus vaccine.....	-----	-----
Cholera vaccine.....	-----	-----
Plague vaccine.....	-----	-----
Diphtheria toxoid.....	-----	-----
Influenza vaccine.....	-----	-----
Measles immune globulin.....	-----	-----
Rabies vaccine.....	-----	-----
Rocky Mountain spotted fever vaccine.....	-----	-----
Other (specify).....	-----	-----

2. A brief presentation shall be made of epidemiological facts and information of interest in connection with the health of the personnel, together with such comments as the statistical data seem to require and an account of preventive measures instituted.

**D. Data on Food and Water.**

1. Drinking water—condition of fresh water tanks and system, dates of cleaning and sterilization, operation of distilling apparatus, cross-connections of fresh water system with other supplies aboard such as at shower heads, potato peelers, pumps, engine jackets, etc.; water analyses; practices with regard to taking aboard water from shore systems; analyses of water before and after loading; disinfection of water supply; supervision of all hose connections ship to shore, whether to fire, flush, or potable water systems aboard or ashore; all cases of contamination of ship's potable water supply.

2. Food storage, galleys, and messing facilities—the general messing system; sanitation of ship's stores and storerooms, ice machines, and refrigerating rooms; location and sanitation of ship's galley; cleanliness and health of food handlers; cleanliness of mess gear, utensils, and equipment; operation of equipment, including milk emulsifiers and homogenizers; garbage disposal while at sea and in port; facts concerning any outbreak of food poisoning or suspected food poisoning occurring during the year, if previously unreported.

3. Navy ration—quality, adequacy, variety, preparation.

**E. Medical Department Facilities and Personnel.**

1. Sickbay, dispensary, storerooms, operating rooms, dental spaces, isolation wards, hospital spaces, and venereal disease prophylaxis and treatment rooms—location, capacity in cubic feet, number of berths, equipment and fittings, ventilation, air conditioning, heating, lighting, and arrangements for storing medical and surgical supplies.

2. Medical, surgical, and dental supplies—adequacy and quality; suggestions

## PT. III, CH. 5D. SANITARY, INTELLIGENCE, AND SPECIAL REPORTS

relating to additions to or deletions from the supply table; suggestions on possible improvements of the containers or method of packing any article, with regard to conditions on board ship.

3. Hospital Corps—adequacy and efficiency of corpsmen; their attentiveness to duty, contentment, and qualifications for advancement in rating; habits, aptitude for the service, and application to studies; proficiency in drills and general duties of enlisted men; opportunity afforded by the nature of their duties performed to qualify for higher ratings; duties performed worthy of mention; character and amount of instruction given; special methods of transportation and apparatus employed in handling the wounded.

4. Stations in battle—battle dressing stations, arrangements for the care and transportation of the wounded, instruction in first aid.

### *F. Clothing.*

Adaptability for different climates; texture and durability of clothing issued; ship's laundry capacity and efficiency; comments on the hygienic value of special types of clothing and underclothing in use during the year.

### *G. Miscellaneous.*

Mechanical hazards and industrial health exposures—statements on any mechanical hazards and disabling injuries resulting from them; character, extent, severity, and significance of any industrial health exposure.

### *H. Recommendations.*

The recommendations of the medical officer shall consist of three sections:

(1) Action taken and progress to date on recommendations made in last annual report and any special reports made during the last year.

(2) Proposed action being taken or to be taken within the local command in connection with conditions discussed in the current annual report.

(3) Proposed action to be taken by authority other than local command in connection with conditions discussed in current annual report.

### *I. Historical Data.*

Historical data shall be presented as an annual narrative report. Since the narrative report is detached and used for separate purposes upon arrival at the Bureau, it shall be prepared on separate sheets and attached to the sanitary report. In order that a complete and accurate record of Medical Department experiences may be used by the Bureau for both informational purposes and as a guide to plans for future medical organization and activities, the historical narrative shall be a complete account in itself and independent of the Annual Sanitary Report. With variations according to type and activity of the ship, the historical data shall be summarized under the following headings:

(1) Chronology—tabular statement of principal movements of the ship, giving specific dates, places, and outstanding events associated with the history of the ship.

(2) Organization—outline of medical organization and administration aboard ship and the ship's position in the naval chain of command.

(3) Narrative account—medical activities of the ship with emphasis, in the order listed, on (a) battle experiences, describing the missions of the unit or force, the accomplishment of such missions, and the role of the medical department of the ship in accomplishing such missions; (b) unusual demands, other than in battle, on the medical department of the ship and the steps taken to meet such demands; (c) routine performance of the medical department of the ship. The account shall be complete and accurate.

(4) Additional data on special subjects—care of the sick and wounded; noteworthy incidents in relation to epidemic diseases; clinical and professional notes, including data relative to preventive medicine, clinical practices, employment of and results from new and improved techniques or drugs, noteworthy cases; special problems or noteworthy adaptations in regard to supplies and equipment; interesting narrative incidents to illustrate particular points; and any other topics believed to be important in the medical history of the ship.

(5) Conclusions—most effective and least effective portions of the medical program aboard ship.

## SECTION IV. INTELLIGENCE REPORTS

## SECTION IV. INTELLIGENCE REPORTS

	Paragraph
Cooperation with Intelligence Officers .....	35D13
Foreign Naval Medical Establishments .....	35D14
Foreign Ports .....	35D15
Intelligence Report of Survivors' Experiences .....	35D16

## 35D13

**Cooperation with Intelligence Officers.**—35D13.1. Medical officers aboard ship, with expeditionary forces, or in foreign ports shall cooperate with the intelligence officer and submit data for intelligence reports and monographs on the following subjects:

(a) *Living Conditions (state and city)*—Housing, whether good or bad and whether sufficient; sanitation, good or bad; frequency, type, and seriousness of epidemics, and preventive measures used. Is there a well-organized public health service?

(b) *Hospitals (seaport city and town)*—Names, location on map, number of beds, sanitary conditions, operating facilities, isolation facilities, etc.

(c) *Water Supply (city)*—Quantity, sources of supply, and purity. Trace mains on map if possible.

(d) *Sanitation (state and city)*—General conditions, whether good or bad; sewage disposal and water-carriage system, open or closed; privies, system used.

(e) *Medical Organization of Army and Navy*—Efficiency, equipment, number of personnel. Sanitation of ships and stations. To what extent is preventive medicine practiced? Hospitals ashore and afloat and all other available data.

(f) *Camp Sites*—Locate from medical viewpoint sites for camps, considering topography of land, swamps, mountains, etc.

(g) *Maps and Photographs*—To accompany above data, whenever possible, with important locations marked.

35D13.2. Where there is a representative of the Division of Naval Intelligence located at a foreign port, the medical officer should coordinate his efforts with him before beginning a survey. The intelligence officer may have submitted adequate reports on the subjects listed above and, if so, the medical officer need not report on the same subjects but may devote his time to the collection of other information. Reports should be prepared on NNI-96 (Intelligence Report). These forms are available on ships or may be obtained from intelligence officers in ports.

## 35D14

**Foreign Naval Medical Establishments.**—Whenever the opportunity presents itself, medical officers shall, if practicable, submit to the Bureau, via official channels, all information of sanitary and professional interest pertaining to foreign naval medical establishments.

## 35D15

**Foreign Ports.**—When on foreign stations or cruising in waters beyond the continental limits of the United States, medical officers desiring to report in full upon the sanitary conditions of the vari-

PT. III, CH. 5D. SANITARY,  
INTELLIGENCE, AND SPECIAL REPORTS

ous ports visited shall use the following outline, making such reports to the Bureau:

U. S. S. ....  
Date .....

To: Chief of the Bureau of Medicine and Surgery

Via: Commanding Officer

Subj: Special Medical Report

Name of city or town.

Location and population.

General description of topography of town and surrounding country.

Communicable diseases.

Epidemic diseases.

Endemic diseases.

Veneral diseases and available information concerning prevalence and status of prostitution.

Temperature, average day, .....; night, .....; yearly maximum, .....; yearly minimum, .....

Prevailing winds.

Prevalence of mosquitoes, flies, and other insects.

Rainfall.

Drainage.

Sewerage.

Height above sea level.

Camping sites.

Water supply: (1) quantity, (2) quality, (3) method of collection, and (4) method of purification.

Food: Character and sanitary conditions of hotels, restaurants, etc.

Availability of surgical and medical supplies.

Structures suitable as emergency hospitals.

Health laws and regulations.

Quarantine regulations.

Local laws or regulations regarding disinterment.

Facilities for cremation.

### 35D16

**Intelligence Report of Survivors' Experiences.**—With a view to minimizing the casualties which may occur among men adrift in open boats or on rafts, the Bureau desires an accurate evaluation of the experiences of survivors from sunken ships or ditched planes. Survivors coming under the cognizance of fleet, force, squadron, division, and detachment commanders; commanding officers of shore stations; and Marine Corps commanding officers in the field should be interviewed and a report made to the Bureau containing the following information:

- (a) Duration of period of exposure.
- (b) Type of boat or raft from which rescue was effected, with the original number of occupants and the number of survivors.
- (c) Adequacy of food, water, first-aid supplies, etc. on the boat or raft.
- (d) Immersion, if any, degree, and length of time.
- (e) Degree of direct exposure to sun.
- (f) Type of lesions suffered and subsequent complications, with particular reference to underwater blast injuries, dehydration, "immersion foot," avitaminosis, and conjunctivitis, whether the result of sun glare or of immersion in oily water. Treatment and the results thereof also shall be included.
- (g) Psychological condition of the survivor.
- (h) A brief narrative of experiences, including an estimate by the survivors of the probable contributing causes of any casualties.
- (i) Recommendations of reporting officer or hospital corpsman relative to action indicated to alleviate suffering and minimize casualties among survivors in future catastrophes.

## PART IV—CHAPTER 1

# MEDICAL CARE AND TREATMENT OF CIVILIANS AND OTHER SUPERNUMERARIES

	Paragraphs
Section I. GENERAL RESPONSIBILITIES .....	411-414
II. DEPENDENTS OF NAVAL PERSONNEL .....	415-4111
III. CIVIL EMPLOYEES .....	4112-4130
IV. OTHER ELIGIBLE CLASSES .....	4131-4169

### SECTION I. GENERAL RESPONSIBILITIES

	Paragraph
General Responsibilities .....	411
Definition of Supernumeraries .....	412
Charges for Hospitalization of Supernumeraries .....	413
Computation of Sick Days .....	414

#### 411

**General Responsibilities.**—Medical officers of the Navy are required by law to render professional aid to certain civilians and other persons not in the naval service. When specific authority is not provided, the laws of humanity or the principles of international courtesy may require that naval medical officers afford professional assistance. Except as provided by law, regulation, or Navy Department directive, or in an emergency, treatment shall not be given nonnaval personnel.

#### 412

**Definition of Supernumeraries.**—All persons other than Navy and Marine Corps personnel on active duty shall be considered supernumeraries when admitted to a naval medical activity for treatment. The various classes of supernumeraries are listed in the table on pages 428 to 433. The table also sets forth the authority for their admission as patients, the method of application for treatment, the procedure for obtaining reimbursement for hospitalization and/or subsistence, rate of reimbursement, information as to whether detailed reports of such hospitalization are required, and, if so, when the report shall be submitted.

#### 413

**Charges for Hospitalization of Supernumeraries.**—413.1. When specified in the table on pages 428 to 433, the charges for hospitalization and/or subsistence shall be collected locally. Funds so collected shall be deposited with the disbursing officer to the credit of the Naval Working Fund for ultimate credit to the proper appropriation or appropriations.

413.2. Accountability for funds for hospitalization of dependents shall be carried out in accordance with the instructions contained in the Bureau of Supplies and Accounts Letter L10-5(1)/NH(AB), April 7, 1943.

#### 427

PT. IV. CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

*Retired, Reserve, and Ex-Naval Personnel*

Class	Authority for admission	Method of application for treatment	Method of reimbursement	Rate of reimbursement	Detailed reports required by Bureau	When required	Per. in Manual
Naval Reserve, except Fleet Reservists.	Naval Reserve Act of 1938, 52 Stat. 1181.	Patient in hospital. Active duty period expired.	None.	None.	No.	-----	4131
Retired Officers, Navy and Marine Corps, and Nurses.	See <i>Laws Relating to the Navy</i> , 1921, pp. 632-633.	By application of the individual and suitable identification.	Checkage for subsistence by Nav S&A Form 534 (Hospital Ration Notice) forwarded to BuS&A Field Branch (Master Accounts Division, Cleveland 15, Ohio).	Value of hospital ration as specified in the annual Naval Appropriation Act.	No.	-----	4132
Naval and Marine Corps Reserve Officers and Enlisted Men, Retired with Pay.	-----	-----	-----	-----	No.	-----	4133
Retired Enlisted Men and Enlisted Men of the Fleet Reserve, Navy, Classes F4, F5 and Marine Corps, Classes 1B, 1C, 1D.	Naval Reserve Act of 1938, 52 Stat. 1181. Act of March 3, 1899, ch. 413, sec. 17, 30 Stat. 1008, as amended.	-----	Bill prepared by Bureau for subsistence.	-----	No.	-----	4132, 4134
Naval Pensioners.	Sec. 4813, <i>Rev. Stat.</i> , as amended.	By application of the individual and presentation of pension certificate or other suitable identification.	Letter report of admission to Veterans Administration, Washington, D. C. (Report of discharge separately).	As determined by Veterans Administration.	No.	-----	4135
Ex-Naval and Marine Corps Personnel, Discharged, Retained in Hospital.	Art. 1190(4), <i>Navy Regulations</i> .	Direction of commanding officer.	None.	None.	No.	-----	4136
Ex-Naval Personnel, Honorably Discharged, Who Remain on a Receiving Ship.	Act of Feb. 8, 1899, ch. 115, 25 Stat. 657, as amended.	Request of commanding officer, receiving ship.	None.	None.	No.	-----	4137

## SECTION I. GENERAL RESPONSIBILITIES

Discharged members of Women's Reserve and Nurse Corps, Maternity Care.	See Nav. ltr, June 15, 1945, <i>Navy Department Bulletin</i> , Item 45-612.	Letter from commanding officer, copy of discharge or orders of separation.	Local collection for subsistence from individual.	Value of hospital ration as specified in annual Naval Appropriation Act.	No.	4138
Naval Reserve Officers' Training Corps.	Act of Oct. 13, 1942, ch. 591, sec. 1, 56 Stat. 781.	Request of commanding officer.	Bill prepared by Bureau.	Per diem rate as established annually by Federal Board of Hospitalization.	Yes.	4139
Emergency Officers' Retired List.	Act of May 24, 1928, ch. 735, sec. 1, 45 Stat. 735.	Request of Veterans Administration.	do.	do.	Yes.	4140

<i>Patients Other Than Naval</i>							
Class	Authority for admission	Method of application for treatment	Method of reimbursement	Rate of reimbursement	Detailed reports required by Bureau	When required	Par. in Manual
Dependents, Navy, Marine Corps, and Coast Guard Personnel.	Act of May 10, 1943, ch. 95, 57 Stat. 80-81.	Request of medical officer in charge.	Local collection for hospitalization from individual.	Per diem rate as established by Executive Order No. 9411.	Not from hospitals; required from other activities.	Monthly.	415
Dependents, State-Aid Beneficiaries.	Annual Appropriation Acts for Department of Labor.	Authorization from State Health Department for maternity care.	Local collection for hospitalization from State Health Agency.	Per diem rate as established annually by Federal Board of Hospitalization.	do.	do.	4110
Employees' Compensation Commission Beneficiaries.	Act of Sep. 7, 1916, ch. 458, sec. 9, 39 Stat. 743-744, as amended.	Form CA-16, CA-17, or letter from official superior.	Bill prepared by Bureau.	Per diem rate as established annually by Federal Board of Hospitalization.	Yes.	Monthly.	4112
Cadet Nurses.	Act of Mar. 4, 1944, ch. 83, 58 Stat. 111-112.	do.	None.	None.	No.		4141
United States Army, Officers and Nurses, Active List.	Art. 1204, <i>N. R.</i>	Request of Army commanding officer, or in absence of commanding officer, of the individual concerned.	Local collection for subsistence from individual.	Value of hospital ration as specified in annual Naval Appropriation Act.	No.		4142

PT. IV. CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

*Patients Other Than Naval—Continued*

Class	Authority for admission	Method of application for treatment	Method of reimbursement	Rate of reimbursement	Detailed reports required by Bureau	When required	Par. in Manual
United States Army, Enlisted Personnel, Active List.	Art. 1204, N. R.	Request of Army commanding officer, or in absence of commanding officer, of the individual concerned.	None	None	No	-----	4143
United States Army, Retired Officers, Nurses, and Enlisted Personnel	do.	By application of the individual and suitable identification.	Local collection for subsistence from individual.	Value of hospital ration as specified in annual Naval Appropriation Act.	No	-----	4144
Reserve Officers Training Corps (Army).	Act of June 4, 1920, ch. 227, sub. ch. I, sec. 478, as Stat. 778, as amended.	Request of commanding officer.	Bill prepared by Bureau.	Per diem rate as established annually by Federal Board of Hospitalization.	Yes	Monthly-----	4145
Citizens' Military Training Corps (Army).	Act of June 4, 1920, ch. 227, sub. ch. I, sec. 478, as Stat. 779, as amended.	do.	do.	do.	Yes	do-----	4146
United States Coast Guard Officers, Active List.	Act of May 21, 1920, ch. 194, sec. 7, 41 Stat. 613, as amended.	Request of Coast Guard commanding officer, or in absence of commanding officer, of individual concerned.	Local collection for subsistence from individual.	Value of hospital ration as specified in annual Naval Appropriation Act.	No	-----	4147
United States Coast Guard Enlisted Personnel, Active List.	Act of May 21, 1920, ch. 194, sec. 7, 41 Stat. 613, as amended.	Request of Coast Guard commanding officer, or in absence of commanding officer, of individual concerned.	None	None	No	-----	4148
United States Coast Guard Retired Personnel.	do.	Request of Public Health Service.	Bill prepared by Bureau.	Per diem rate as established annually by Federal Board of Hospitalization.	Yes	Monthly-----	4149
Veterans Administration Beneficiaries.	Act of Mar. 20, 1933, ch. 3, sec. 6, 48 Stat. 9, as amended;	Veterans Administration Hospital admission form.	Bill prepared by Bureau.	do.	No	-----	4150

## SECTION I. GENERAL RESPONSIBILITIES

Officers of Foreign Service of State Department.	Act of June 7, 1924, ch. 320, sec. 10, 43 Stat. 610, as amended.	Individual letter of authorization from BuMed.	do	do	Yes	Upon discharge of individual from hospital.	4151
Civil Employees, not E. C. C. Beneficiaries.	Act of May 21, 1920, ch. 194, sec. 7, 41 Stat. 613, as amended.	Request of superior officer; admission discretionary with commanding officer.	Local collection for hospitalization from individual.	do	Hospitals report as civilian, humanitarian, non-indigent on Ration Record. Detailed report from all other activities.	Not from hospitals; monthly from all other activities.	4152
American Red Cross Personnel	do	Admission discretionary with commanding officer.	do	do	No		4153
Selective Service Selectees.	Annual Appropriation Acts.	Request of representative, Selective Service System.	Bill prepared by Bureau.	Per diem rate as established annually by Federal Board of Hospitalization.	Yes	Monthly	4154
Public Health Service, Commissioned Corps.	Act of May 21, 1920, ch. 194, sec. 7, 41 Stat. 613, as amended.	Request of Public Health Service official.	Local collection for subsistence from individual.	Value of hospital ration as specified in annual Naval Appropriation Act.	No		4155
Federal Bureau of Investigation Employees.	BuMed ltr P3-2/EJ3 (114) dated January 17, 1940.	Request of F.B.I.'s Special Agent in Charge at Quantico, Virginia; at naval hospital, upon request of immediate superior or upon own request, as E. C. C. beneficiary.	Local collection for hospitalization from individual.	Per diem rate established annually by Federal Board of Hospitalization.	No		4156
United States Merchant Marine (American Merchant Seamen).	Sec. Nav ltr Serial 216213, Nov. 8, 1943; Navy Department Bulletin, Cumulative Edition, 43-1578, p. 360, Dec. 31, 1943.	Request of commanding officer, shipowner, consular representative, or Public Health Service official.	None	None	No		4157

PT. IV. CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

*Patients Other Than Naval—Continued*

Class	Authority for admission	Method of application for treatment	Method of reimbursement	Rate of reimbursement	Detailed reports required by Bureau	When required	Par. in Manual
United States Maritime Service.	Act of May 21, 1920, ch. 194, sec. 7, 41 Stat. 613, as amended.	Request of commanding officer, Maritime Commission, War Shipping Administration.	Bill prepared by Bureau.	Per diem rate as established annually by Federal Board of Hospitalization.	Yes.	Monthly.	4158
United States Coast and Geodetic Survey.	do.	Request of Coast and Geodetic Survey commanding officer or Coast and Geodetic Survey, Department of Commerce.	do.	do.	Yes.	do.	4159
Civilian, Humanitarian, Non-indigent.	Humanitarian.	Patient brought to hospital; admission discretionary with commanding officer.	Local collection for hospitalization from individual.	Per diem rate as established annually by Federal Board of Hospitalization.	Not from hospitals; required from all other activities.	Monthly.	4160
Civilian, Humanitarian, Indigent.	do.	do.	None.	None.	No.		4160
British Embassy and Mission Naval Personnel.	International courtesy, Navy, 11 Nov. 1913/P2-2 (345), Oct. 3, 1941.	Request of office or mission to which attached.	None.	None.	Yes.	Monthly.	4161
Military Personnel of Foreign Nations.	International courtesy, 11 Sta Con 102247, Oct. 10, 1945.	Request of commanding officer or consular representative.	No collection by hospital.	Per diem rate as established annually by Federal Board of Hospitalization.	Yes.	do.	4162
Prisoners of War.	Geneva Convention of July 27, 1929; annual Naval Appropriation Act.	Request of officer having custody.	Bill prepared by Bureau.	do.	Yes.	Monthly.	4163

## SECTION I. GENERAL RESPONSIBILITIES

Officers and Employees, Any Federal Agency, Employees of Federal Contractor, and De- pendents of Same Out- side Continental Limits.	Act of May 10, 1943, ch. 95, 57 Stat. 80-81; BuMed-C- Let P3-2/NH (064-39) June 8, 1944.	Request of official su- perior or individual concerned.	Local collection from individual.	\$5 per hospital day; \$1 per out-patient treatment.	Separate reports of hospitali- zation and outpatient treatment.	---do.-----	4104
Persons Requiring Aid as Result of Enemy Action.	BuMed ltr A18-1/ L16-9(023) Apr. 7, 1942.	Request of Public Health Service.	Bill prepared by Bu- reau.	Per diem rate as established annu- ally by Federal Board of Hos- pitalization.	Yes-----	Monthly-----	4166
Canadian Armed Forces.	Navy Department Bulletin, Cumula- tive Edition, 43- 1092, p. 471, Dec. 31, 1943.	Request of command- ing officer or of in- dividual concerned.	Local collection for subsistence from of- ficers only.	Value of hospital ra- tion as specified in annual Naval Appropriation Act.	Yes-----	---do.-----	4167
"Technicians" within Continental U. S.	Navy Department Bulletin, 44-1424, p. 24, Dec. 31, 1944.	Admission discretion- ary with command- ing officer.	Local collection from individual.	Per diem rate as established annu- ally by Federal Board of Hospi- talization.	No-----	---do.-----	4168.1
Civilians Accredited as "Technicians" for Service with Navy Overseas or Aboard Ship.	Art. 128, N.E. Navy Department Bulet- tin, Cumulative Edition, 43-1617, p. 157, Dec. 31, 1943.	---do.-----	Local collection for subsistence from in- dividual.	Value of hospital ration as specified in annual Naval Appropriation Act.	No-----	---do.-----	4168.2

*Services Other Than Hospitalization Provided for Supernumeraries*

Class	Authority for admission	Method of application for treatment	Method of reimburse- ment	Rate of reimburse- ment	Detailed reports required by Bureau	When required	Par. in Manual
*Veterans Administra- tion Beneficiaries; Out- patient-Examination.	BuMed ltr P16-3/ OM(013) Aug., 1944.	Request of Veterans Administration Man- ager having cogni- zance.	Bill prepared by Bureau.	Rate of \$5 per ex- amination.	Yes-----	Monthly-----	4150
Federal Civil Employees, Disability Retirement Examination.	BuMed ltr P2-5/1L (043) Aug. 1, 1935.	Request of Civil Serv- ice Commission.	None-----	None-----	No-----	---do.-----	4165

\* Does not apply to Naval Hospital, Philadelphia, Pennsylvania, which is covered by special agreement with Veterans Administration.

PT. IV. CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

413.3. Funds from patients who are required to pay for hospitalization and/or subsistence shall be collected prior to their discharge from the hospital, at the end of each week, or at the end of each semimonthly or monthly period, as the medical officer in command or the commanding officer may direct. Payment prior to the close of each calendar month shall always be required. The medical officer in command or commanding officer may, at his discretion, require an advance deposit to cover the prospective period of hospitalization.

413.4. In naval hospitals the person assigned by the medical officer in command as the agent cashier shall deliver the net earned funds in his hands to the disbursing officer for deposit in the Naval Working Fund under the general caption "Patients' Funds" for ultimate credit to the appropriation "Medical Department, Navy." These funds shall be delivered as often as the medical officer in command may direct, but no later than the last business day of each month.

413.5. At Medical Department activities, other than naval hospitals, funds so collected shall be delivered to the disbursing officer for deposit in the Naval Working Fund for ultimate credit to:

(a) The appropriation charged for the cost of subsistence; the rate to be the rate of "subsistence in kind in hospital messes" as specified in the annual Naval Appropriation Act.

(b) The appropriation "Medical Department, Navy" for the remainder of the per diem rate.

413.6. At naval hospitals the funds collected locally from supernumeraries for hospitalization and/or subsistence shall be reported on the Ration Record, NAVMED-HF-36, in accordance with instructions for the preparation of that form in Part VI of this Manual.

414

**Computation of Sick Days.**—Sick days, except those applicable to beneficiaries of the United States Employees' Compensation Commission, and subsistence days shall be computed in the same manner as for naval patients (Art. 1827 (2), *Navy Regulations*). Sick days applicable to Compensation Commission patients, as reported in the detailed report of hospitalization of such patients, shall be computed in every instance by including the day of admission and excluding the day of discharge. Subsistence days applicable to Compensation Commission patients are to be computed in the same manner as for naval patients.

SECTION II. DEPENDENTS OF NAVAL PERSONNEL

	Paragraph
Definition of Dependency .....	415
In-patient Service .....	416
Charges for Inpatient Care .....	417
Out-patient Service .....	418
Identification .....	419
Hospital Maternity and Infant Care .....	4110
Monthly Summary—Medical Care of Dependents (NAVMED-669) .....	4111

415

**Definition of Dependency.**—415.1. Dependents of naval personnel entitled to hospitalization and outpatient service at Medical De-

## SECTION II. DEPENDENTS OF NAVAL PERSONNEL

partment activities (pars. 416 and 418) are denoted as a lawful wife, unmarried dependent child (or children) under 21 years of age, and mother and father of a member of the Navy, Marine Corps, or Coast Guard, if in fact such mother or father is dependent on such member. "Child (or children)" shall include a natural child, stepchild, or adopted child. The widows of deceased personnel are likewise entitled to outpatient and hospital care.

415.2. Dependents eligible for hospitalization and outpatient service shall include:

(a) Dependents of personnel of the regular Navy, Marine Corps, and Coast Guard on the active list.

(b) Dependents of retired personnel of the regular Navy, Marine Corps, and Coast Guard on active duty.

(c) Dependents of all reserve personnel performing active duty other than training duty.

(d) Dependents of retired personnel of the regular Navy, Marine Corps, and Coast Guard, not on active duty, and of retired personnel of the Naval Reserve, Marine Corps Reserve, and Coast Guard Reserve, retired with pay, not on active duty.

(e) Dependents of enlisted personnel transferred to the Fleet Reserve or Fleet Marine Corps Reserve after 16 or more years of service, whether or not on active duty.

(f) Widows of the following personnel: (1) Any person who, when death occurs, is a member, active or retired, of the regular Navy, Marine Corps, or Coast Guard; (2) any member of the reserve forces, when the death of such member occurs while he is on active duty which is permanent in character; (3) any member of the reserve forces, when the death of such member occurs while he is on active duty during war or national emergency; (4) any member of the reserve forces, not on active duty, when the death of such member occurs while he is in retired-with-pay status; (5) any enlisted person, whether or not on active duty who, when death occurs, is a member of the Fleet Reserve or Fleet Marine Corps Reserve transferred thereto after 16 or more years of service.

415.3. Dependents of Coast Guard personnel specified in paragraph 415.2 shall be given medical care and treatment at naval medical facilities only so long as the Coast Guard operates as a part of the Navy.

415.4. Hospitalization is not authorized for dependents of members of the Naval Reserve or Marine Corps Reserve, other than members of the Fleet Reserve or Fleet Marine Corps Reserve, transferred thereto after 16 or more years of service, who are called to active duty for short periods of training duty.

415.5. Dependents of naval personnel undergoing confinement adjudged by sentence of general court-martial are eligible for medical care and hospitalization at Medical Department facilities except: (a) Dependents of prisoners whose sentence of dismissal from the service has been accomplished, as in the case of former officers; and (b) dependents of prisoners whose terms of enlistment have actually expired while undergoing confinement.

## 416

**In-patient Service.**—416.1. Dependents of naval personnel shall be provided hospitalization at naval hospitals designated by the Surgeon General and approved by the Secretary of the Navy. Outside the continental United States and in Alaska the provisions of this section also shall apply to other Medical Department activities.

416.2. Medical Department activities within the United States other than naval hospitals may be authorized by the Bureau to institute in-patient care for dependents of naval personnel provided: (a) The activity is in an isolated locality or where civilian hospital facilities are unavailable or inadequate; (b) adequate and properly segregated naval facilities are available; and (c) such care can be accomplished by the Medical Department personnel on duty.

416.3. Dependents shall be provided in-patient treatment only for acute medical or surgical conditions, exclusive of nervous, mental, or contagious diseases, or those requiring domiciliary care. Dental treatment shall be administered only as an adjunct to in-patient care and shall not include dental prosthesis or orthodontia. The medical officer in command or senior medical officer of the Medical Department facility concerned shall determine availability of suitable accommodations and the need for hospitalization.

416.4. Dependents admitted for in-patient treatment shall be entitled to all intramural medical and hospital services, including blood transfusions. The services of civilian specialists or the furnishing of prosthetic, orthopedic, or other appliances is not authorized at Government expense. Drugs and materials shall be issued only on the prescription of a naval medical officer or naval dental officer for use or administration under his supervision. No medical stores shall be issued on the prescription of civilian practitioners.

## 417

**Charges for In-patient Care.**—Collections for hospitalization of dependents shall be made locally at the established dependent hospitalization rate, except that when dependents are admitted under the Emergency Maternity and Infant Care Program collections shall be made in accordance with instructions in paragraph 4110.3. Detailed reports of hospitalization shall be submitted by all naval activities other than naval hospitals (par. 4169).

## 418

**Out-patient Service.**—418.1. Dependents of naval personnel shall be provided out-patient service at naval hospitals, dispensaries, and other Medical Department activities where facilities for such service exist.

418.2. Medical stores for out-patient service shall be issued only on the prescription of a naval medical officer for use or administration under his supervision. Only items in the *Supply Catalog* or *Supplementary Supply Catalog* or items which are carried in stock

## SECTION II. DEPENDENTS OF NAVAL PERSONNEL

shall be issued or dispensed; no purchase of other drugs or supplies shall be made for such issue except by authority of the Bureau.

## 419

**Identification.**—419.1. Dependents applying for medical or hospital care shall be required to verify relationship and dependency. Verification shall be attested by an officer. The applicant may establish relationship and dependency by proving he or she is receiving family allowances from the Government for such dependency. The dependent of an officer, or of an enlisted person in one of the first three pay grades who is receiving monetary allowance in lieu of quarters, may establish relationship and dependency by proving that the officer or enlisted person is granting a substantial dependency allotment. In the absence of a family allowance or dependency allotment other proof of relationship and dependency is required.

419.2. Upon establishing proof of dependency, the applicant shall be issued a Dependent's Identification Card (NAV MED-562). The card shall be honored for one year from the date of issuance at naval medical activities having facilities for the medical care of dependents, except that the card shall become invalid if the person on whom the applicant is dependent is discharged from the service. The card shall be renewed annually so long as eligibility continues.

## 4110

**Hospital Maternity and Infant Care.**—4110.1. Wives and infants of officers, and of enlisted men in the first, second, and third pay grades of the Navy, Marine Corps, and Coast Guard may be provided, at their own expense, hospital maternity and infant care at naval hospitals and dispensaries having facilities for such service. Collections shall be made locally at the established dependent hospitalization rate. Detailed reports of hospitalization shall be submitted by all naval activities other than naval hospitals (par. 4169).

4110.2. Wives and infants of enlisted men in the fourth, fifth, sixth, and seventh pay grades of the Navy, Marine Corps, and Coast Guard may be provided, without cost to such personnel, hospital maternity and infant care under arrangements made by the children's bureau of the United States Department of Labor with state health agencies. Under this program, the wife of any enlisted man in the four lower pay grades is eligible to receive medical and hospital maternity service. Application forms for such maternity care are available from state and local health and welfare agencies, American Red Cross chapters, and from local physicians participating in the Emergency Maternity and Infant Care Program.

4110.3. The naval activity shall make collections for hospitalization under the program by billing the state concerned at the uniform reciprocal per diem rate as established annually by the Federal Board of Hospitalization. Detailed reports of hospitalization are not required from naval hospitals. From all other naval activities

PT. IV. CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

detailed reports shall be submitted in accordance with instructions in paragraph 4169.

4110.4. The per diem per patient charge for a dependent in a maternity case, whether or not admitted under the Emergency Maternity and Infant Care Program, will include the mother and newborn infant until the mother is allowed to leave the hospital or other medical activity. If further hospitalization of the infant is required, the per diem charge will continue for the infant. The same per diem charge will apply whenever an infant under one year of age is hospitalized, the charge to include the mother if she is required by the Medical Department activity to remain with the infant. For a child one year of age or over, the per diem charge will be separate from any charge for the mother.

4111

**Monthly Summary—Medical Care of Dependents (NAV-MED-669).**—Each naval activity providing medical care for dependents of naval personnel shall submit to the Bureau, on the first of each month, the Monthly Summary—Medical Care of Dependents (NAV-MED-669). No instructions are necessary for the preparation of the form.

SECTION III. CIVIL EMPLOYEES

	Paragraph
Eligibility and Request for Treatment .....	4112
Records .....	4113
Medical Reports .....	4114
Reports Relative to Damage Suits .....	4115
Hospital Treatment .....	4116
Hernias .....	4117
Complications .....	4118
Operations of Election .....	4119
Decisions on Doubtful Eligibility for Treatment .....	4120
Ability to Return to Work .....	4121
Additional Examinations .....	4122
Employment of Specialists .....	4123
Dental Treatment .....	4124
Prosthetic Appliances .....	4125
Shoes and Braces .....	4126
Transportation .....	4127
Care of Dead .....	4128
Death in United States .....	4129
Death Outside United States .....	4130

4112

**Eligibility and Request for Treatment.**—4112.1. Civil employees of the naval establishment who are Employees' Compensation Commission beneficiaries shall be furnished medical care and treatment for: (a) Any injury incurred while in the performance of duty, whether or not disability has arisen; (b) any illness or disease when proximately caused by the condition of employment (Act of Sept. 7, 1916, ch. 458, 39 *Stat.* 742-750, as amended). Dental treatment shall be provided Compensation Commission beneficiaries in accordance with paragraph 4124. For hospitalization of civil employees not cov-

## SECTION III. CIVIL EMPLOYEES

ered by the Compensation Act, reference should be made to paragraph 4152.

4112.2. To qualify for care or treatment under paragraph 4112.1 (a) and (b), the applicant himself (or his proxy if the applicant is incapacitated) shall present to the medical officer a "Request for Treatment of Injury Under the United States Employees' Compensation Act" (USECC Form CA-16), "Request for Treatment of Injury Under the United States Employees' Compensation Act When Cause of Injury Is in Doubt" (USECC Form CA-17), or a letter reciting (a) that the applicant is an employee of the Navy, giving the name and place of employment; (b) that he sustained a personal injury while in the performance of duty or is suffering from an illness or disease proximately caused by the conditions of his employment, giving the month, date, and year of injury and cause and nature of injury, illness, or disease; and (c) that the treatment is requested as a result of the injury or illness under the authority of Section 9 of the Compensation Act. The form or letter shall be signed by the applicant's official superior. If it is impracticable for an employee to obtain a request, the medical officer may furnish temporary or emergency treatment. Under such conditions, a proper request shall be obtained from the employee's official superior within 48 hours.

4112.3. In accordance with *Navy Civilian Personnel Instructions*, 90.11, any employee of a naval establishment within the continental United States shall be furnished medical treatment for nonoccupational emergencies, illness occurring while at work, and minor ailments which can be relieved by moderate treatment or advice. To qualify for such treatment, which is limited to out-patient dispensary service, the employee shall present to the medical officer a written slip of authorization from his immediate supervisor. The final interpretation of the scope of "moderate treatment or advice" shall be at the discretion of the medical department at each establishment concerned. In general, however, it should be such as will result in enabling the employee to continue with his work.

4112.4. For detailed instructions concerning the care and treatment of Employees' Compensation Commission beneficiaries reference should be made to *Regulations Governing the Administration of the United States Employees' Compensation Act of September 7, 1916, as Amended, Relating to Civil Employees of the United States and Others*. These regulations are obtainable from the United States Employees' Compensation Commission, 285 Madison Avenue, New York 17, New York.

## 4113

**Records.**—As such information is the basis for all compensation claims, medical records of each civil employee treated by naval medical officers shall be accurate, definite, and complete. Each serious case shall be recorded and indexed in a book provided for that purpose, and if the injury or illness occurred in performance of duty, the case shall be reported to the commandant or commanding officer (Art. 1185 (9), *Navy Regulations*). Whenever an injured or sick employee

PT. IV, CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

requires hospital attention his relatives shall be notified immediately by telephone or telegraph.

4114

**Medical Reports.**—4114.1. The initial medical report (Form CA-20) shall be prepared and forwarded promptly by the medical officer to the United States Employees' Compensation Commission on each illness or injury treated by him under the provisions of the Compensation Act which: (a) Causes loss of time from work beyond the day, shift, or turn on which the injury occurred; (b) causes any medical expense other than for dispensary out-patient treatment, or necessitates referring the employee to another medical facility, to a designated physician, or to a private physician for treatment; (c) seems likely to result in permanent disability, either anatomical or functional; (d) possibly will result in a secondary infection or future disability incident to the injury; (e) requires out-patient treatment extending more than 10 days; (f) causes the employee to indicate a desire or intention to file a claim with the United States Employees' Compensation Commission.

4114.2. Medical statements shall be filled in by medical officers on the following Compensation Commission forms for reporting to the Commission injuries or occupational diseases of civil employees of the Navy:

- CA-4. Claim for Compensation or Medical Expenses on Account of Injury.
- CA-5. Claim for Compensation on Account of Death.
- CA-8. Claim for Continuance of Compensation on Account of Disability.
- CA-20. Medical Report of Injury (to be forwarded to the Commission as soon as a case comes under treatment, accompanied by Form CA-16 or Form CA-17).
- CA-32. Report on Hernia (should be completed and transmitted to the Commission on all hernia cases).
- CA-78. Report of Surgical Operation (to be forwarded promptly to the Commission, reporting all operations of sufficient importance to require administration of a local or general anesthetic).

The proper submission of the applicable Compensation Commission forms is of vital importance to civil employees, as their right to compensation and hospitalization may be jeopardized by failure of the responsible naval officers or civilian supervisors to submit the required reports promptly for determination as to whether the injuries or illnesses come within the purview of the Compensation Act. Failure to submit the required reports to the Compensation Commission also often results in disallowance of the claims of the Bureau for reimbursement for hospitalization, thereby resulting in a loss of funds appropriated for the Navy. If the forwarding of the necessary reports is delayed for any cause, they shall be accompanied by a letter of transmittal explaining the cause for delay. These forms are obtainable from the United States Employees' Compensation Commission, 285 Madison Avenue, New York 17, New York.

4114.3. Supplementary reports in letter form shall be made to the Employees' Compensation Commission in the following cases: (a) Each compensation case treated in a hospital; (b) each case of serious injury or occupational disease; (c) each case in which there will be a

## SECTION III. CIVIL EMPLOYEES

disability of one month or more; and (d) each case sent to the medical officer for examination under the provisions of Section 21 or 22 of the Compensation Act (par. 4122). The supplementary report shall be made when the case has been under observation for a sufficient time to determine satisfactorily the nature and extent of the injury or occupational disease. The report shall include: (a) Date when case was admitted for examination or treatment (if admitted to hospital this shall be noted); (b) the patient's complaint, including his account of the injury or occupational disease; (c) the names of medical officers (and specialists, if any) examining the case; (d) the condition found on examination and the examining officer's opinion as to the probable relationship between the disability and the injury or occupational disease alleged; (e) diagnosis of the injury or occupational disease; (f) description of other disabilities or conditions found and not due to the injury or occupational disease; (g) nature and extent of disability; (h) whether disabled for his usual employment; (i) prognosis; and (j) comments, recommendations, or suggestions regarding the case.

4114.4. A civil employee of a continental shore station who is absent for three or more consecutive days due to illness is required by an order of the Navy Department to report to the medical officer for examination before returning to duty. A modification of the order specifies that whenever the commandant or commanding officer of the establishment deems it advisable, the period of absence requiring a report to the medical officer may be extended, but that each employee absent because of illness for seven or more consecutive days shall report to the medical officer before returning to work.

## 4115

**Reports Relative to Damage Suits.**—The cognizant medical officer shall furnish to the Compensation Commission or its authorized attorneys information and professional advice and service requested concerning a beneficiary of the Compensation Act whose injury is the basis for a damage suit prosecuted under the provisions of the act.

## 4116

**Hospital Treatment.**—4116.1. An injured or sick civil employee of the Navy requiring hospitalization as a Compensation Commission beneficiary shall be sent to the naval hospital or dispensary having facilities for in-patient care serving the activity in which the injured person is employed, provided the naval hospital or dispensary is nearer than a hospital of the Public Health Service. The employee may be retained until hospital treatment is completed, except that without specific authority of the Compensation Commission no employee shall be retained for more than 30 days in a naval hospital.

4116.2. A civil employee who is a Compensation Commission beneficiary shall be discharged from any naval hospital as soon as outpatient or dispensary treatment can be substituted for hospital care.

4116.3. A patient entitled to treatment under authority of the

PT. IV, CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

Compensation Commission shall conform to the rules and regulations of the hospital.

4116.4. Whenever an injured or sick employee admitted to a hospital as a Compensation Commission patient is found to have or develops a disease or disability which is not related to the compensable injury or illness and which may prolong his stay in the hospital the Commission shall be notified immediately. When the status of the patient has been determined as not within the scope of the Compensation Act, his classification shall be changed immediately from Compensation Commission patient to "humanitarian, non-indigent," and local collection for hospitalization shall be made from the individual at the uniform reciprocal per diem rate as established annually by the Federal Board of Hospitalization.

4116.5. No charges for subsistence or treatment of a Compensation Commission beneficiary shall be collected by the hospital. A detailed report of hospitalization shall be submitted to the Bureau monthly (par. 4169).

## 4117

**Hernias.**—4117.1. When a civil employee applies for a hernia operation under Compensation Commission benefits and the relationship of the hernia to an injury suffered while in the performance of duty is not clear, a full report shall be submitted to the Commission and the Commission's authorization obtained before an operation is performed. Exceptions shall be allowed when immediate treatment is necessary. Pending a decision, the patient shall be discharged from the hospital if practicable. All facts shall be transmitted by telegram if the employee is unable to continue his work. The initial report to the Commission should show: (a) The nature and location of the hernia; (b) tissues involved and the probable recency and size of the hernia; (c) the cause of the hernia, particularly whether brought on or materially aggravated by injury, as alleged by the claimant; (d) whether the patient's general health, including the condition of his heart, lungs, and kidneys, is such that it is advisable to perform an operation; and (e) whether the medical officer recommends operation.

4117.2. When a claimant presents two hernias for surgical treatment, only one of which has been allowed by the Commission, operation for the other hernia may be offered by the medical officer. The claimant shall sign a statement that he will assume responsibility for any untoward results or failure to cure the hernia for which compensation is not allowed, and that he will bear any extra expense connected with the additional operation.

## 4118

**Complications.**—The medical officer may give extended care for complications not due to compensable injury or occupational disease which, in his opinion, are prolonging or aggravating disability due to injury or occupational disease. Authority for such care shall be obtained from the Compensation Commission.

## SECTION III. CIVIL EMPLOYEES

4119

**Operations of Election.**—Operations of election may be performed for conditions not requiring emergency treatment and not in any way related to the disability for which treatment is authorized, but only upon specific authority of the Compensation Commission. Such an operation shall never be performed until the employee requesting operation presents a statement in writing that he will not hold the Government responsible for failure to cure or for untoward results.

4120

**Decisions on Doubtful Eligibility for Treatment.**—4120.1. Whenever an employee applies for treatment by submitting Form CA-16, Form CA-17, or a letter of request from his official superior and there is doubt that he is entitled to treatment, the medical officer shall take up the case with the employee's official superior. If agreement is reached by the medical officer and the employee's official superior that the employee is not entitled to relief he shall be discharged from any treatment for which compensation is allowed (par. 4116.4). Such a claimant shall be informed, however, that his discharge is in no way prejudicial to his filing a claim with the Commission for the alleged disability. Immediate report of the request and pertinent facts shall be made to the Commission.

4120.2. When doubt exists as to eligibility for treatment the Commission will be responsible for expenditures incurred for treatment up to and including the date on which it is decided the employee is not entitled to relief under the Compensation Act, but no surgical operation shall be performed except in emergency prior to a decision by the Commission.

4121

**Ability to Return to Work.**—Whenever an injured employee who is a Compensation Commission beneficiary becomes physically fit to do some form of work without detriment to himself and without interfering with his recovery, the medical officer in charge of the patient shall record the fact in the clinical history of the employee and shall notify the patient, the official superior, and the Commission.

4122

**Additional Examinations.**—4122.1. After an absence due to injury or occupational disease, the employee shall submit himself to examination by the medical officer as frequently as may reasonably be required. The employee is entitled to obtain, at his own expense, a qualified physician to participate in the examination. If the employee obstructs the examination in any way, his right to claim compensation shall be suspended so long as he continues in such action. The period during which the employee obstructs examination shall be deducted from the total period for which compensation is payable (Act of Sept. 7, 1916, ch. 458, 39 *Stat.* 742-750, as amended).

PT. IV, CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

4122.2. A naval medical officer shall make an examination in a Compensation Commission case only upon request of the Commission or the injured employee's official superior.

4122.3. When a disagreement arises between the medical officer and the employee's physician concerning the examination, the Commission shall appoint a third physician who shall make an examination and act as referee (Act of Sept. 7, 1916, ch. 458, 39 *Stat.* 742-750, as amended). A medical officer shall act as referee in such a disagreement only upon the request of the Commission.

## 4123

**Employment of Specialists.**—The medical officer in command of a naval hospital or the senior medical officer of a dispensary may employ specialists or consultants to treat or examine a Commission beneficiary. Fees for such consultation or treatment are chargeable to the Commission and shall be invoiced on Form S-69 provided by the Commission.

## 4124

**Dental Treatment.**—All necessary dental treatment, including repairs to fixed false teeth, or to natural teeth, needed to repair damage done by an injury, will be allowed by the Commission. Such treatment shall be furnished Commission beneficiaries of the naval establishment, upon the authority of the dental officer, approved by the commanding officer, when facilities are available and it is practicable to provide the treatment. Treatment may be given, upon approval by the Commission, when a dental condition constitutes a focus of infection aggravating or prolonging a disability due to injury. When treatment is to be carried out by a civilian dentist, the dental officer should submit to the Commission for approval a recommendation for dental treatment together with an estimate of the cost.

## 4125

**Prosthetic Appliances.**—When an employee has lost a member or a part of a member as a result of a compensable injury, all necessary prosthetic appliances, including artificial arms and legs, will be furnished by the Employees' Compensation Commission, kept in repair, and replaced if worn out as a result of proper use. A temporary leg will be furnished if needed, and a Dorance hook, or similar appliance, in addition to an artificial arm, will be supplied if requested. When an employee has lost an eye, two properly fitting and matched artificial eyes will be furnished. Approval of the Commission is to be secured before a prosthetic appliance is purchased or ordered.

## 4126

**Shoes and Braces.**—Braces, trusses, orthopedic shoes, and other orthopedic appliances will be furnished by the Commission under the same conditions and in the same manner as are prosthetic appliances

## SECTION III. CIVIL EMPLOYEES

(par. 4125). Any shoes, orthopedic or otherwise, however, which are kept in stock and for sale at shoe stores shall be purchased at the expense of the claimant. Custom-made shoes, constructed under the supervision of the orthopedist in charge, to correct a particular deformity, or alterations or repairs to stock shoes designed to effect the same corrections are expenses which shall be referred to the Commission. Approval of the Commission is to be secured before placing orders for braces, trusses, orthopedic shoes, or other orthopedic appliances.

4127

**Transportation.**—Necessary ambulance service shall be furnished by the naval activity when available, or private ambulance secured when required. A request may be made for a U. S. Public Health Service ambulance when an injured employee is to be transferred to a U. S. Public Health Service hospital. If such transportation is not available the Commission will reimburse the patient's voucher (Standard Form 1012) for carfare or other transportation and incidental expenses if shown to be necessary in obtaining treatment. Such a voucher shall be certified by the attending officer as conforming to the records as to dates of visits at the activity providing treatment.

4128

**Care of the Dead.**—Under the terms of the acts approved April 20, 1940 (54 *Stat.* 144) and July 8, 1940 (54 *Stat.* 743), the annual naval appropriation acts provide for the care of the remains of civilian employees who die (a) while in a travel status away from their official stations in the United States, or (b) while performing official duties in a Territory or possession of the United States or in a foreign country, or in transit thereto or therefrom.

4129

**Death in United States.**—4129.1. When a civil employee of the Navy dies in the vicinity of a naval activity while in a travel status away from his official station in the United States, that activity, if practicable, shall assume charge of the remains for care and disposition. The Secretary of the Navy, the official station of the employee, and the next of kin, if known, shall be notified by dispatch, using an adaptation of the standard Navy form. The dispatch to the Secretary of the Navy shall state whether the activity has assumed custody of the remains. The dispatch to the official station of the deceased shall state whether the next of kin has been notified, and, if not, shall request that notice be sent. The next of kin shall be directed to send a telegram collect to the Bureau giving instructions for disposition of the remains. For preparation and transportation of remains reference should be made to Part III, Chapter 4. The appropriation chargeable is "Medical Department, Navy."

4129.2. Expenses for preparation and encasement of remains are limited to \$100. This amount includes embalming, cremation, neces-

PT. IV, CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

sary clothing, and casket. In addition, the following expenses are authorized:

- (a) Removal from place of death to an undertaking establishment.
- (b) Procurement of burial or shipping permits.
- (c) Outside case for shipment.
- (d) Removal from undertaking establishment to railroad station or other common carrier.
- (e) Cost of transporting remains to home or official station of the deceased, or such other place as may be designated by the Bureau.
- (f) One removal from common carrier at destination.

4129.3. An escort to accompany the remains is not authorized, nor is there any allowance for funeral expenses at place of interment except one removal from common carrier as noted above.

4129.4. As the above limitation of \$100 may render use of annual Navy contracts for care of the dead impossible, the services of any local undertaker may be obtained, and properly certified and itemized bills, in duplicate, forwarded to the Bureau for payment, accompanied by a copy of the official death certificate. The undertaker's bill may include, over and above the items making up the \$100 allowance, cost of items (a) to (d) inclusive, noted in paragraph 4129.2.

4130

**Death Outside United States.**—4130.1. The Navy Department is responsible for the return to the United States of the remains, family, and effects of a civil employee of the Navy who dies while in performance of official duties in a Territory or possession of the United States or in a foreign country or in transit thereto or therefrom. In general and to the extent applicable the instructions contained in Part III, Chapter 4, shall be observed. Specifically, the following paragraphs of that chapter apply to care and disposition of remains of a civil employee who dies outside the continental limits of the United States: 341, 342, 344, 3414, 3415, 3419 (for the duration of the war civil employees who die outside the United States shall be interred in the locality of death), 3420, 3423, 3425, 3426 (a corpse escort is not authorized; however, as the basic act provides for the return home of dependents, their return passage may be coordinated with the return of the remains in accordance with the applicable instructions of paragraph 3426 and *U. S. Navy Travel Instructions*, the transportation charges of dependents being payable from the appropriation "Miscellaneous Expenses, Navy"), and 3428.

4130.2. All necessary expenses incident to the care, preparation, embalming, clothing, and encasement or cremation of the remains of a civilian employee who dies while on duty outside the continental limits of the United States, and of transportation to the place of interment and/or local burial, are chargeable to the appropriation "Medical Department, Navy." The \$50 allowance for funeral expenses at the home or other place to which the remains have been shipped also is payable from this appropriation.

4130.3. At stations where annual contracts for care of the dead are in effect, remains shall be cared for under the terms of such contracts. In the absence of an available annual contract, necessary

## SECTION IV. OTHER ELIGIBLE CLASSES

services and supplies shall be obtained from a local undertaking establishment, and covered by emergency requisition in accordance with Article 1607, *Navy Regulations*. Expenses of preparation and encasement shall not exceed \$200. If remains are to be buried locally, this \$200 also shall be inclusive of burial expenses. Expenses of transportation to another locality for burial are payable in addition to the cost of preparation and encasement.

## SECTION IV. OTHER ELIGIBLE CLASSES

	Paragraph
Naval Reserve and Marine Corps Reserve .....	4131
Retired Personnel, Regular Service .....	4132
Naval Reserve and Marine Corps Reserve Officers and Enlisted Personnel, Retired with Pay .....	4133
Enlisted Members of Fleet Reserves .....	4134
Naval Pensioners .....	4135
Ex-Naval Personnel, Discharged, Retained in Hospital .....	4136
Ex-Naval Personnel, Honorably Discharged .....	4137
Maternity Care for Women's Reserves and Nurse Corps .....	4138
Naval Reserve Officers Training Corps .....	4139
Emergency Officers' Retired List .....	4140
Cadet Nurses .....	4141
Officers of the Army of the United States, Active List .....	4142
Enlisted Personnel of the Army of the United States, Active List .....	4143
Army Retired Personnel .....	4144
Reserve Officers Training Corps (Army) .....	4145
Citizens' Military Training Corps (Army) .....	4146
U. S. Coast Guard Officers, Active List .....	4147
U. S. Coast Guard Enlisted Personnel .....	4148
Retired Coast Guard Personnel .....	4149
Veterans Administration Beneficiaries .....	4150
State Department .....	4151
Civil Employees, Not Compensation Commission Patients .....	4152
American Red Cross Personnel .....	4153
Selective Service Registrants .....	4154
U. S. Public Health Service Officers .....	4155
Federal Bureau of Investigation Agents .....	4156
U. S. Merchant Marine .....	4157
U. S. Maritime Service .....	4158
U. S. Coast and Geodetic Survey .....	4159
Civilian Population .....	4160
British Embassy and Mission Naval Personnel .....	4161
Military Personnel of Foreign Nations .....	4162
Prisoners of War .....	4163
Outside the Continental United States .....	4164
Disability Examinations for Federal Civil Employees .....	4165
Aid Necessitated by Enemy Action .....	4166
Canadian Military Personnel .....	4167
Civilian Technicians .....	4168
Monthly Report of Hospitalization .....	4169

## 4131

**Naval Reserve and Marine Corps Reserve.**—4131.1. A member of the Naval Reserve or Marine Corps Reserve whose period of active duty expires while he is a patient in a naval hospital may be retained in the hospital for treatment of disease. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization is not required.

4131.2. A member of the Naval Reserve or Marine Corps Reserve

PT. IV, CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

(except a member of the Fleet Reserve or Fleet Marine Corps Reserve transferred thereto after 16 or more years of service) whose period of active duty expires while he is being treated in a naval hospital for an injury or occupational disease incurred while in the performance of official duty may be retained in the hospital as a patient of the Compensation Commission. No charges for subsistence or treatment shall be collected by the hospital. The detailed report of hospitalization (par. 4169) as a Compensation Commission patient shall be submitted monthly.

4131.3. A member of the Naval Reserve or Marine Corps Reserve of any class hospitalized for disease or injury during a period of active duty shall be handled as a regular Navy or Marine Corps patient and not classed as a supernumerary. No special report is required for such an individual.

## 4132

**Retired Personnel, Regular Service.**—A retired officer, nurse, or enlisted person of the regular Navy or Marine Corps not on active duty may be admitted to any naval hospital upon the application of the individual and presentation of suitable identification. Submission of the Hospital Ration Notice (S. and A. Form 534) is required only in the case of a retired officer or nurse. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization is not required. The provisions of this paragraph do not apply to a retired officer on the emergency officers' retired list (par. 4140).

## 4133

**Naval Reserve and Marine Corps Reserve Officers and Enlisted Personnel, Retired with Pay.**—A Naval Reserve or Marine Corps Reserve officer or enlisted person, retired with pay, may be admitted to any naval hospital upon the application of the individual and presentation of suitable identification. Submission of the Hospital Ration Notice (S. and A. Form 534) is required only for an officer. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization is not required.

## 4134

**Enlisted Members of Fleet Reserves.**—An enlisted member of the Fleet Reserve or Fleet Marine Corps Reserve, transferred thereto after 16 or more years of service, may be hospitalized in any naval hospital upon application of the individual and presentation of suitable identification. Submission of the Hospital Ration Notice (S. and A. Form 534) is not required. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization is not required.

## 4135

**Naval Pensioners.**—4135.1. Whenever an individual in receipt of a naval pension is admitted to a naval hospital, his pension, while

## SECTION IV. OTHER ELIGIBLE CLASSES

he remains in the hospital, will be administered for his benefit in accordance with the laws relating to the Veterans Administration (Sec. 4813, *Rev. Stat.*, as amended).

4135.2. Upon the admission of a naval pensioner, a letter report shall be made direct to the Director of Finance, Veterans Administration, Washington, D. C., giving the pensioner's name, pension number, home address, and date of admission. When the patient is discharged from the hospital, a similar report shall be made.

## 4136

**Ex-Naval Personnel, Discharged, Retained in Hospital.**—An enlisted member of the Navy, Marine Corps, or Coast Guard retained in a naval hospital after expiration of enlistment without retired or retainer pay is entitled to hospitalization therein at Government expense. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization is not required.

## 4137

**Ex-Naval Personnel, Honorably Discharged.**—A former member of the Navy who has been honorably discharged from the naval service and elects a home on a receiving ship for a period of not more than three months may be admitted to any naval hospital upon the request of the commanding officer of the receiving ship at any time during the three-month period. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization is not required.

## 4138

**Maternity Care for Women's Reserves and Nurse Corps.**—4138.1. Personnel of the Women's Reserve of the Naval Reserve, Marine Corps Reserve, and Coast Guard Reserve, and personnel of the Navy Nurse Corps and Nurse Corps, Naval Reserve, who have been discharged or separated from the service because of pregnancy, are eligible for maternity care during such pregnancy and confinement, and for out-patient postnatal care for such a period as the medical officer in command or in charge may deem necessary, at any hospital or dispensary of the Navy where suitable facilities are available. A detailed report of hospitalization is not required.

4138.2. Maternity service shall be furnished without charge to the individual, except that a charge for subsistence during hospitalization, as prescribed in the annual Naval Appropriation Act, shall be collected locally. The charge for the mother shall include the charge for the newborn child.

4138.3. In making application for maternity care at a naval medical facility, a former enlisted woman shall present a photostat of her certificate of discharge together with a letter from her commanding officer certifying her eligibility for maternity care. A former woman officer shall present a certified copy of her orders separating her from

PT. IV, CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

the service together with a letter from her commanding officer certifying her eligibility for maternity care.

## 4139

**Naval Reserve Officers Training Corps.**—A member of the Naval Reserve Officers Training Corps requiring treatment for disease or injury incurred while participating in authorized practice cruises or while en route to or from such cruises, may be admitted to any naval hospital upon the request of the individual's commanding officer (Act of Oct. 13, 1942, ch. 591, sec. 1, 56 *Stat.* 781). No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization shall be submitted monthly (par. 4169).

## 4140

**Emergency Officers' Retired List.**—An emergency officer transferred to the retired list under authority of the Act of May 24, 1928, as amended (45 *Stat.* 735; 46 *Stat.* 1016), is entitled to hospitalization and medical treatment as authorized by the Veterans Administration. Except in emergency such an officer may be provided treatment by the Medical Department only on authorization of the Veterans Administration (par. 4150). No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization shall be submitted monthly (par. 4169).

## 4141

**Cadet Nurses.**—4141.1. A member of the United States Cadet Nurse Corps attached to a naval hospital shall be furnished medical and hospital care as required. For injury sustained while in the performance of duty or for disease that might proximately be caused by her employment, a cadet nurse is entitled to the benefits of the Compensation Act under the same conditions and to the same extent as civil employees of the United States (Sec. III of this chapter).

4141.2. All prescribed Compensation Commission forms and reports shall be prepared and forwarded to the Compensation Commission for occupational illness or injury incurred while in the performance of duty, including an illness or injury in which a cadet nurse alleges such occupational relationship.

4141.3. A detailed report of hospitalization of cadet nurses is not required nor will any charges be collected locally or by the Bureau.

4141.4. A cadet nurse shall be reported on the Individual Statistical Report of Patient (NAVMED-Fa) (par. 236.2).

## 4142

**Officers of the Army of the United States, Active List.**—4142.1. An officer of the Army of the United States, or an Army aviation cadet, on the active list, may be admitted to any naval hospital on the written request of the individual's commanding officer, or for a

## SECTION IV. OTHER ELIGIBLE CLASSES

detached officer or cadet, on his own request. Charges for subsistence shall be collected locally at the hospital subsistence rate specified in the annual Naval Appropriation Act. Funds collected shall be deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the appropriation charged with the cost of subsistence. A detailed report of hospitalization is not required. When an active duty officer is hospitalized in a naval hospital, however, the Individual Statistical Report of Patient (NAV MED-F and Fa) shall be completed in accordance with instructions applicable to naval personnel and NAV MED-Fa shall be forwarded to the Surgeon General, Army. In addition to the above, the duty station shall be notified of the Army patient admitted for treatment, giving diagnosis, dates of admission and discharge, and such other data as may be required by the local command.

4142.2. An officer on the active list of the Army of the United States and an Army aviation cadet, serving in a locality where Army dental service is not obtainable, shall be furnished dental treatment, both out-patient and in-patient, by naval dental facilities on the same basis as dental treatment is accorded naval personnel.

## 4143

**Enlisted Personnel of the Army of the United States, Active List.**—4143.1. An enlisted person of the Army of the United States on the active list is eligible for admittance to any naval hospital upon the written request of the individual's commanding officer, or for a detached person, on his own request. A detailed report of hospitalization is not required nor will any charges be collected locally or by the Bureau. Reporting procedures for such personnel shall be the same as in paragraph 4142.1.

4143.2. An enlisted person on the active list of the Army of the United States shall be furnished dental treatment at naval dental facilities in accordance with paragraph 4142.2.

## 4144

**Army Retired Personnel.**—A retired officer or enlisted person of the United States Army or of the Army of the United States in an inactive status may be hospitalized in a naval hospital upon the application of the individual and presentation of suitable identification (Art. 1204, *Navy Regulations*). Charges for subsistence for such an individual shall be collected locally at the hospital subsistence rate specified in the annual Naval Appropriation Act. Funds collected shall be deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the appropriation charged for the cost of subsistence. A detailed report of hospitalization is not required.

## 4145

**Reserve Officers Training Corps (Army).**—A member of the Reserve Officers Training Corps of the Army may be admitted to any

PT. IV, CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

naval hospital upon the request of the individual's commanding officer or other competent authority. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization shall be submitted monthly (par. 4169).

## 4146

**Citizens' Military Training Corps (Army).**—A member of the Citizens' Military Training Corps of the Army may be admitted to any naval hospital upon the request of the individual's commanding officer or other competent authority. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization shall be submitted monthly (par. 4169).

## 4147

**U. S. Coast Guard Officers, Active List.**—4147.1. An officer of the Coast Guard, regular or reserve, in an active duty status may be admitted to any naval hospital upon the request of the individual's commanding officer, or for a detached person, on his own request. Charges for subsistence shall be collected locally at the hospital subsistence rate specified in the annual Naval Appropriation Act in accordance with Article 2150-17(d)(2)(c), *Bureau of Supplies and Accounts Memoranda*. Funds so collected shall be deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the appropriation charged for the cost of subsistence. A detailed report of hospitalization is not required. When a member of the Coast Guard on active duty is admitted to a naval hospital, however, the Individual Statistical Report of Patient (NAVMED-F and Fa) shall be completed in accordance with instructions applicable to naval personnel, and NAVMED-Fa shall be forwarded to Coast Guard Headquarters, Washington, D. C.

4147.2. Proper entries shall be made in the Health Record in the same manner as for naval personnel. In addition, necessary clinical records shall be maintained in the event such information may be required at a later date.

## 4148

**U. S. Coast Guard Enlisted Personnel.**—An enlisted person of the Coast Guard, regular or reserve, on active duty, may be admitted to any naval hospital upon the request of the individual's commanding officer, or for a detached person, on his own request. A detailed report of hospitalization is not required nor will any charges be collected locally or by the Bureau. Reporting procedure, procedure for entries in the Health Record, and maintenance of clinical record shall be the same as in paragraphs 4147.1 and 4147.2.

## 4149

**Retired Coast Guard Personnel.**—An officer or enlisted person on the retired list of the Coast Guard in an inactive duty status may be

## SECTION IV. OTHER ELIGIBLE CLASSES

admitted to any naval hospital only on the specific request of the United States Public Health Service. No charges for subsistence or treatment shall be collected locally. A detailed report of hospitalization shall be submitted monthly (par. 4169).

## 4150

**Veterans Administration Beneficiaries.**—4150.1. A Veterans Administration beneficiary may be admitted to a naval hospital on the prior individual authorization of the Veterans Administration officer having cognizance of the case. Verbal authorization for admission must be confirmed in writing. The Veterans Administration will validate and reimburse the Navy Department only for those beneficiaries in which this procedure has been observed. In general only medical and surgical cases requiring hospital treatment are to be admitted. Neurological and certain psychoneuroses cases without obvious evidence of psychotic reaction and not requiring restraint may be admitted for diagnosis. Cases of suspected tuberculosis also may be admitted for diagnosis. When diagnosed, cases of psychoneuroses and tuberculosis shall be reported to the cognizant Veterans Administration authority with request for prompt removal of the patient to a Veterans Administration facility.

4150.2. All transactions pertaining to a veteran, including admission, medical or other records, and correspondence shall be conducted between the medical officer in command of the hospital and the Veterans Administration manager authorizing admission of the veteran. Correspondence involving questions of policy and administration, if addressed to the Veterans Administration, shall be forwarded via the Bureau. On admission to the hospital, each patient of the Veterans Administration shall be assigned a case number from the Register of Patients, NAVMED-HF-39. The case number shall appear on all records of the patient.

4150.3. Each Veterans Administration patient shall be required to conform to the regulations governing the internal administration of the hospital. Restrictive or punitive measures and assignment to working details shall conform as nearly as possible to the Veterans Administration instructions.

4150.4. Detailed reports of hospitalization, except when requested by the Veterans Administration, are not required nor shall any charges for subsistence or treatment be collected locally. Reimbursement for hospitalization will be effected by the Bureau.

4150.5. Naval hospitals designated by the Bureau will provide out-patient examinations required in the adjudication of claims for disability or pensions. To obtain the examination, the claimant shall submit a properly prepared form of request supplied by the Veterans Administration. When the examination requires more than one day, the claimant shall be admitted to the hospital as an in-patient. Report of out-patient examinations, under the authority of this paragraph, shall be submitted to the Bureau monthly and shall include the name of each patient and the date of each out-patient examination. No charges are to be collected locally.

PT. IV, CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

4150.6. The total number of rations (expressed in thirds, if necessary) served to out-patients of the Veterans Administration shall be reported in the Ration Record, NAVMED-HF-36, in accordance with instructions in Part VI of this Manual. Each Veterans Administration out-patient entitled to subsistence will be furnished subsistence authorization by the cognizant Veterans Administration office. Such authorization shall be taken up and retained in the files of the hospital for use in substantiating the entry on line 122 of the Ration Record, NAVMED-HF-36. No collections for subsistence shall be made locally as reimbursement will be effected by the Bureau.

4150.7. In the event the examination extends over one day and the claimant is admitted as an in-patient, the claimant shall be handled as an in-patient from the beginning of the examination and the proper Veterans Administration authorization form for such admission shall be obtained.

## 4151

**State Department.**—An officer of the Foreign Service of the State Department may be admitted to any naval hospital upon specific authorization of the Bureau. No charges for subsistence or treatment shall be collected by the hospital. An individual detailed report of hospitalization shall be submitted promptly upon completion of hospitalization. A consolidated report of hospitalization shall be submitted monthly.

## 4152

**Civil Employees, Not Compensation Commission Patients.**—A civil employee of the naval establishment may be admitted for humanitarian reasons to any naval hospital in emergency or upon request of the employee's official superior and within the discretion of the commanding officer of the hospital. Reimbursement for the cost of hospitalization shall be collected by the hospital at the uniform reciprocal per diem rate as established by the Federal Board of Hospitalization. The charge for subsistence is included in the per diem rate for hospitalization. The total charge accrued for hospitalization shall be collected and deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the pertinent appropriation. A detailed report of hospitalization is not required.

## 4153

**American Red Cross Personnel.**—4153.1. An accredited representative of the American National Red Cross assigned to a naval activity within the continental United States shall be provided medical and dental care and admitted to a naval hospital under the same general arrangements as provided for a civil employee who is not a Compensation Commission patient. Reimbursement for the cost of hospitalization shall be collected by the hospital at the uniform reciprocal per diem rate as established by the Federal Board of Hospitalization. The charge for subsistence is included in the per diem

## SECTION IV. OTHER ELIGIBLE CLASSES

rate for hospitalization. The total charge accrued for hospitalization shall be collected by the hospital and deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the pertinent appropriation. A detailed report of hospitalization is not required.

4153.2. When serving in a locality where civilian medical service is not obtainable, as on board a naval vessel and in certain instances outside the continental limits of the United States, a uniformed member of the Red Cross shall be afforded, without charge, the same medical treatment available to naval personnel, except that dental treatment shall be limited to that necessary in emergency, including treatment for the relief of pain.

## 4154

**Selective Service Registrants.**—A Selective Service registrant acting upon orders issued under the Selective Service law shall be provided emergency medical care, including hospitalization, in accordance with the rules and regulations prescribed by the Director of Selective Service. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization shall be submitted monthly (par. 4169).

## 4155

**U. S. Public Health Service Officers.**—An officer of the Public Health Service Commissioned Corps may be admitted to a naval hospital upon his own request. Charges for subsistence shall be collected locally at the rate specified in the annual Naval Appropriation Act. Funds so collected shall be deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the appropriation charged with the cost of subsistence. A detailed report of hospitalization is not required.

## 4156

**Federal Bureau of Investigation Agents.**—4156.1. An employee of the Federal Bureau of Investigation who sustains an injury in performance of duty is entitled to hospitalization at the expense of the Compensation Commission. Such a case shall be handled in accordance with instructions of Section III of this chapter. No charges for subsistence or treatment shall be collected by the hospital. The detailed report of hospitalization shall be submitted monthly (par. 4169).

4156.2. A Federal Bureau of Investigation employee stationed at Quantico, Virginia, shall be admitted to the naval hospital there for treatment for disease at the request of the Federal Bureau of Investigation agent in charge at Quantico. Reimbursement for the cost of hospitalization shall be collected by the hospital at the uniform reciprocal per diem rate as established by the Federal Board of Hospitalization. The charge for subsistence is included in the per diem

PT. IV, CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

rate for hospitalization. The total charge accrued for hospitalization shall be collected and deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the pertinent appropriation. A detailed report of hospitalization is not required.

4156.3. A representative of a police organization of a state, county, or city who is attending the National Police Academy, Quantico, Virginia, may be hospitalized in an emergency at the request of the Federal Bureau of Investigation agent in charge, subject to the approval of the Commanding General, U. S. Marine Barracks. Reimbursement for the cost of hospitalization shall be collected by the hospital at the uniform reciprocal per diem rate as established by the Federal Board of Hospitalization. The charge for subsistence is included in the per diem rate for hospitalization. The total charge accrued for hospitalization shall be collected by the hospital and deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the pertinent appropriation. A detailed report of hospitalization is not required.

## 4157

**U. S. Merchant Marine.**—4157.1. An officer or crew member of the U. S. Merchant Marine (including ships owned or chartered by the War Shipping Administration of either United States or foreign flag registry) shall be provided emergency medical care and treatment within the continental limits of the United States upon the request of the individual's commanding officer, the owner of the ship to which the individual is attached, or a U. S. Public Health Service official. For treatment outside the continental limits of the United States, reference should be made to paragraph 4164. No collections, locally or otherwise, shall be made. A detailed report of hospitalization is not required. A report of admission shall be made to the U. S. Public Health Service, however, and arrangements made for transfer to a hospital of the Public Health Service as soon as conditions permit.

4157.2. For procedure in case of death of a merchant seaman in a hospital of the Navy, reference should be made to paragraph 349.2.

## 4158

**U. S. Maritime Service.**—A member of the U. S. Maritime Service may be hospitalized upon the request of the Maritime Commission, War Shipping Administration, or the individual's commanding officer. No charges for subsistence or treatment shall be collected by the hospital. The only personnel who shall be reported as U. S. Maritime Service beneficiaries are:

Group I—Cadets of state maritime academies.

Group II—Enrollees in the U. S. Maritime Service on active duty.

Group III—Cadets of the U. S. Merchant Marine Cadet Corps.

A detailed report of hospitalization shall be submitted monthly (par. 4169).

## SECTION IV. OTHER ELIGIBLE CLASSES

4159

**U. S. Coast and Geodetic Survey.**—An officer or man on the active list of the U. S. Coast and Geodetic Survey may be hospitalized upon the request of the individual's commanding officer or the Director, Coast and Geodetic Survey, Department of Commerce. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization shall be submitted monthly (par. 4169).

4160

**Civilian Population.**—A member of the civilian population may be admitted for humanitarian reasons, at the discretion of the commanding officer, to any naval hospital. Charges for hospitalization shall be collected by the hospital at the reciprocal per diem rate established by the Federal Board of Hospitalization. The charge for subsistence is included in the per diem rate for hospitalization. The total charge accrued for hospitalization shall be collected and deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the pertinent appropriation. A detailed report of hospitalization (par. 4169) is not required from naval hospitals, but shall be submitted from all other activities. If, in the opinion of the commanding officer, a patient in this category is destitute and collection for such hospitalization is unobtainable after due process, such a patient shall be classified as indigent. A detailed report of hospitalization is not required for indigent persons.

4161

**British Embassy and Mission Naval Personnel.**—A member of the British Navy attached to the British Embassy or to British Missions may be admitted to any naval hospital upon the request of the office or mission to which attached. No collections, locally or otherwise, shall be made for such a person. A detailed report of hospitalization shall be submitted monthly (par 4169).

4162

**Military Personnel of Foreign Nations.**—4162.1. A member of the military force of a foreign nation requiring hospitalization and treatment may be admitted to any naval medical activity having facilities for hospitalization upon the request of the individual's commanding officer or consular representative. No collections shall be made locally. A detailed report of hospitalization for each nation shall be submitted monthly (par. 4169).

4162.2. A member of the military force of a foreign nation may be furnished dental treatment in a naval Medical Department activity having dental facilities under the following conditions: (a) In emergency, for humanitarian reasons; (b) as a part of the general treatment in a hospital or dispensary for the disease or condition for which the patient is hospitalized. Since the furnishing of dental orthopedic

## PT. IV. CH. 1. MEDICAL CARE AND TREATMENT OF SUPERNUMERARIES

and prosthetic appliances by the Navy is controlled by legal limitation, a member of the Army or naval military force of a foreign nation shall not be furnished such appliances as an expense chargeable to the appropriation "Medical Department, Navy." Reports of dental treatment furnished the military personnel of foreign nations shall be made monthly to the Bureau on NAVMED-K in accordance with the instructions contained in paragraph 5112.3 of this Manual.

4163

**Prisoners of War.**—A prisoner of war may be admitted to any naval medical facility upon the request of the officer having custody of the prisoner. No charges for subsistence or treatment shall be collected by the activity. A detailed report of hospitalization shall be submitted monthly (par. 4169).

4164

**Outside the Continental United States.**—4164.1. Hospitalization and dispensary service, both out-patient and in-patient, may be provided at naval hospitals and dispensaries outside the continental limits of the United States and in Alaska to officers and employees of any department or agency of the Federal Government, to employees of a contractor with the United States or his subcontractor, to dependents of such persons, and, in emergencies, to such other persons as the Secretary of the Navy may prescribe. With the exception of classes (a), (f), and (i), below, hospitalization and dispensary service shall be provided only where reasonably accessible and appropriate non-Federal hospitals are not available. Such hospitalization and dispensary service may be provided for the following:

- (a) Personnel of the U. S. Army;
- (b) Dependents of personnel of the U. S. Army;
- (c) Officers and employees of any department or agency of the Federal Government and their dependents;
- (d) Civil employees of the Navy Department or naval establishment and their dependents;
- (e) Employees of Navy contractors and dependents of such employees residing on the reservation;
- (f) U. S. Employees' Compensation Commission beneficiaries;
- (g) Officers and crews of the U. S. Merchant Marine;
- (h) Officers and crews of the U. S. air lines;
- (i) Military personnel, United Nations;
- (j) Shipwreck or enemy action refugees;
- (k) Civilians accredited as "Technicians" with the Navy overseas;
- (l) Humanitarian cases.

4164.2. The rates for hospitalization or dispensary service outside the continental limits of the United States and in Alaska for personnel as specified in paragraph 4164.1 shall be as follows:

Each out-patient treatment, examination, or consultation-----	\$1.00
In-patient treatment-----	\$5.00 per diem

4164.3. All applicable instructions governing hospitalization of dependents in naval hospitals (Sec. II of this chapter) shall apply to

## SECTION IV. OTHER ELIGIBLE CLASSES

hospitalization and in-patient treatment provided in paragraphs 4164.1 and 4164.2. Reimbursement for hospitalization and/or out-patient treatments, examinations, and consultations, shall be collected locally, at the rates specified in paragraph 4164.2, from classes (b), (c), (d), (e), and (I) of paragraph 4164.1, subject to the following instructions: (a) No charges shall be made for supernumerary patients in fleet and base hospitals and detailed reports of hospitalization are not required; (b) naval hospitals outside the continental United States and in Alaska shall be guided by the instructions contained in Part VI of this Manual on the preparation of the Ration Record, NAVMED-HF-36, insofar as such instructions apply to submission of detailed reports of hospitalization of supernumerary patients and the reporting of local collections therefor; (c) a detailed report of hospitalization is not required for such patients from dispensaries outside the continental United States and in Alaska except when collections for hospitalization have been effected locally, under which conditions the report shall be submitted in accordance with instructions contained in paragraph 4169.

## 4165

**Disability Examinations for Federal Civil Employees.**—A Federal civil employee may be admitted to any naval hospital upon the request of the Civil Service Commission or an authorized representative thereof, or of the commandant or commanding officer, for the purpose of completing a physical examination (par. 21136). Expenses of hospitalization will be borne by the Civil Service Commission only when proper authorization for hospitalization is obtained. No charges for subsistence or treatment shall be collected by the hospital. A detailed report of hospitalization shall be submitted monthly (par. 4169). A report to the Bureau of the examination is not required.

## 4166

**Aid Necessitated by Enemy Action.**—4166.1. The Medical Department is authorized to render temporary aid, necessitated by enemy action, to civilians, other than enemy aliens, residing within the continental United States. Civilians of friendly nations shall be considered as residing in the United States as soon as they reach the shores of the United States. A report and request for necessary authorizations for such persons shall be made to the nearest Public Health Service representative. For aid to such civilians outside the continental United States reference should be made to paragraph 4164.

4166.2. Care shall be limited to 21 days, but may be extended when necessary upon authority of the Public Health Service.

4166.3. No charges for subsistence or treatment shall be collected by the Medical Department activity. A detailed report of hospitalization shall be submitted monthly (par. 4169).

PT. IV, CH. 1. MEDICAL CARE AND TREATMENT  
OF SUPERNUMERARIES

4167

**Canadian Military Personnel.**—Under a reciprocal agreement the Medical Department is authorized to provide necessary medical, dental, and hospital care (including out-patient service), to the extent that facilities are available, to the military personnel of the Dominion of Canada. Charges for subsistence for an officer shall be collected locally at the hospital subsistence rate specified in the annual Naval Appropriation Act. Funds collected shall be deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the appropriation charged with the cost of subsistence. No collections, locally or otherwise, shall be made for an enlisted person. A detailed report of hospitalization shall be submitted monthly (par. 4169). For detailed instructions reference should be made to *Navy Department Bulletin, Cumulative Edition*, December 31, 1943, 43-1092, page 471.

4168

**Civilian Technicians.**—4168.1. Certified civilians and technicians serving within the continental United States may be given the same care and treatment by the Medical Department as is given to civil service employees of the Navy, inclusive of all necessary first-aid measures and emergency hospitalization. There shall be no charge for out-patient treatment. For hospitalization, reimbursement shall be collected by the hospital at the uniform reciprocal per diem rate as established by the Federal Board of Hospitalization. The total charge accrued for hospitalization shall be collected and deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the pertinent appropriation. A detailed report of hospitalization is not required from a naval hospital. From all other naval activities detailed reports shall be submitted in accordance with instructions in paragraph 4169.

4168.2. While serving in a locality where civilian medical service is not obtainable, as on board a naval vessel, and in certain instances outside the continental limits of the United States (par. 4164), technicians may be given, without charge, the same medical treatment as naval personnel. Dental treatment shall be limited to the relief of pain or other emergency measures. Any required charge for subsistence shall be collected locally. Funds so collected shall be deposited with the disbursing officer, prior to the close of business on the last day of each month, for ultimate credit to the appropriation charged with the cost of subsistence. A detailed report of hospitalization is not required.

4169

**Monthly Report of Hospitalization.**—4169.1. The following letter form shall be used in reporting hospitalization of supernumerary patients as required by various paragraphs throughout this chapter:

## SECTION IV. OTHER ELIGIBLE CLASSES

U. S. Naval .....  
 .....  
 (Place)  
 .....  
 (Date)

To: The Chief of the Bureau of Medicine and Surgery.  
 Subj: Hospitalization of ..... during the month  
 ended ..... , 194...  
 Refs: (a) .....  
 (b) .....  
 Encl: (HW) ..... original signed requests for treatment.  
 The following ..... personnel were hospitalized  
 during the month ended .....  
 (List personnel as directed by par. 4169.2.)

.....  
 (Signature)

4169.2. The detailed report shall be prepared on 8- x 13-inch paper, and when reimbursement is to be obtained by the Bureau, shall contain the following information in columnar form: name, rank or rate, organization, diagnosis, date admitted, date discharged, and sick days during month.

4169.3. When reimbursement is obtained locally by cash collection, the report shall contain the following information in columnar form in addition to that required in paragraph 4169.2: (a) Charge per diem, amount of charge during the month, amount deposited with the disbursing officer; (b) a statement that the amount collected has been deposited with (and receipt obtained from) the disbursing officer for deposit in the Naval Working Fund for ultimate credit to the pertinent appropriation; (c) an analysis of the amounts to be credited to each specific appropriation.

4169.4. For foreign military personnel hospitalized, the original signed request for treatment of each patient shall be submitted with the first monthly report which contains the name of the patient.

4169.5. The monthly detailed report of hospitalization of supernumerary patients shall be submitted in quintuplicate.

4169.6. Negative monthly reports of hospitalization are not required.

4169.7. The reciprocal hospitalization per diem rate as established by the Federal Board of Hospitalization is promulgated annually by Bureau circular letter.



## PART IV—CHAPTER 2

### POLICIES GOVERNING CIVIL EMPLOYEES

	Paragraphs
Section I. EMPLOYMENT OF CIVILIANS .....	421-426
II. ADMINISTRATION .....	427-4215
III. WELFARE OF EMPLOYEES .....	4216-4219

#### SECTION I. EMPLOYMENT OF CIVILIANS

	Paragraph
Authority .....	421
Responsibility and Basic Regulations .....	422
Labor Board .....	423
Recruitment .....	424
Restrictions on Employment .....	425
Conditions of Employment .....	426

#### 421

**Authority.**—421.1. The Bureau makes lump sum allotments of funds for civilian personnel to each activity under subheads applicable to "Salaries and Wages of Civilian Personnel." The Bureau does not prescribe the particular positions and occupations for which these funds may be used, but authorizes the medical officer in command to establish a civilian complement which best suits the needs of the activity, subject to certain conditions set forth in administrative instructions. Group IV(b) positions are classified or reclassified by the Position Classification Field Offices of the Office of Industrial Relations, Navy Department (OIR), without reference to the Bureau. In the case of IV(b) positions in certain naval districts outside the continental United States and in foreign countries where Position Classification Field Offices are not located, these positions are classified by OIR. Wage rates for Groups I, II, III, and IV(a) positions may be established or altered only through the procedures outlined in the *Schedule of Wages for Civil Employees in the Field Service of the Navy Department, Marine Corps, and Coast Guard Within the Continental Limits of the United States* (NAVEXOS P-24), as amended.

421.2. Group IV(b) employees may be promoted without reference to the Bureau provided the qualifications of the employee meet the standards prescribed by the Civil Service Commission. Employees in Groups I, II, III, and IV(a) chargeable to the appropriation "Medical Department, Navy," except foreman mechanics (par. 423.3), may be promoted without approval of the Bureau.

421.3. The delegation of authority for the promotion of employees and reallocation of positions is subject to the availability in the activity of unobligated balances in the combined civilian personnel allotments chargeable to the appropriation "Medical Department, Navy." If additional funds are required, requests for such funds may be submitted to the Bureau for consideration.

421.4. The Bureau of the Budget establishes personnel ceilings on

## PT. IV, CH. 2. POLICIES GOVERNING CIVIL EMPLOYEES

civilian personnel within the continental limits of the United States (Act of May 7, 1943, ch. 93, sec. 11, 57 *Stat.* 75, 78).

## 422

**Responsibility and Basic Regulations.**—422.1. The medical officer in command of a Medical Department activity is responsible for the administration of civilian personnel.

422.2. In every Medical Department activity where civilians are employed an individual in the personnel division shall be charged specifically with civilian personnel administration. He shall be assigned this duty on a full- or part-time basis, as may be required, and shall be designated as civilian personnel officer. If the civilian personnel officer is not the head of the personnel division (par. 1512) he shall perform his duties under the personnel officer.

422.3. Regulations and instructions concerning civil employees are contained in *Navy Civilian Personnel Instructions; Schedule of Wages for Civil Employees in the Field Service of the Navy Department, Marine Corps, and Coast Guard Within the Continental Limits of the United States* (NAVEXOS P-24), as amended; *Schedule of Wages for Civil Employees in the Field Service of the Navy Department, Marine Corps, and Coast Guard Outside the Continental Limits of the United States*, as amended; *Civilian Personnel Letters and Dispatches* (NAVEXOS P-60); and *Civil Service Act, Rules and Regulations, Annotated*. These regulations and instructions should be on file at every Medical Department activity in which civilians are employed. Information concerning Federal employment in general may be obtained from the district civilian personnel director, the nearest Civil Service representative, and from the labor board (par. 423).

422.4. All correspondence with the Navy Department relating to civil employees shall be forwarded to or via the Bureau.

## 423

**Labor Board.**—423.1. The labor board, a committee composed jointly of personnel of the Navy and the Civil Service Commission, is responsible for the enforcement of Civil Service rules and regulations relating to the employment of civilian labor at naval activities. A labor board may serve one or more naval establishments of an area. Branch labor boards may be established in individual activities of such an area to facilitate the work of the parent labor board.

423.2. Branch labor board offices have been authorized at certain naval hospitals and naval special hospitals. Such a branch labor board office, composed of one or more persons stationed at the hospital on a full- or part-time basis, is authorized to administer the Civil Service rules and regulations for the employment of civilian employees of the hospital as agreed between the regional director of the Civil Service Commission, the labor board, and the medical officer in command. Branch labor board offices are responsible to the parent labor board to which they are attached for purposes of administration and coordination.

## SECTION I. EMPLOYMENT OF CIVILIANS

423.3. The functions of the labor board and authorized branches are as follows: (a) To develop sources of labor supply that will provide a sufficient number of competent employees; (b) to select the most competent applicants for employment by the application of such tests as may be approved by the Civil Service Commission; (c) to exercise such control of transfer, promotion, discharge, and other adjustments affecting employee relations as are assigned to it by this Manual, by the Civil Service Commission, or by the Navy Department; and (d) to maintain service records of all civil employees. Matters pertaining to examinations, certifications, appointments, promotions, reratings, transfers, and reinstatements of employees under Groups I, II, III, and IV(a) shall be handled through the labor board. Appointments and promotions for foreman mechanics shall be forwarded, via the Bureau, to OIR for final approval.

423.4. The labor board shall report violations of regulations pertaining to civil employees to the medical officer in command.

## 424

**Recruitment.**—424.1. Positions in the laborer, helper, and mechanical ratings under Groups I, II, and III of the *Schedule of Wages*, and in Group IV(a), supervisory mechanical service, shall be filled by the labor board. Group IV(b) positions, inclusive of the "Clerical, Administrative, and Fiscal Service"; the "Crafts, Protective, and Custodial Service"; the "Professional Service"; and the "Subprofessional Service" may be filled through the labor board, or through the Civil Service Commission, depending on the arrangements between the Commission and the labor board of the activity concerned.

424.2. When Group IV(b) recruitment is anticipated, the civilian personnel officer shall, after consultation with the proper supervisor, prepare a job description of the position to be filled and forward it via official channels to the proper Position Classification Field Office. After the position is classified by the field office, recruitment shall be made from the list of eligibles maintained by the Civil Service Commission. When positions in Groups I, II, III, and IV(a) are to be filled, the civilian personnel officer shall confirm that wage rates have been established for the positions, or, if necessary, shall request establishment in accordance with the procedure specified in the *Schedule of Wages*. After the wages are fixed, the civilian personnel officer shall request the labor board or branch labor board to fill the positions, furnishing the appropriate numbers and job titles.

424.3. A Medical Department activity appointing, reinstating, reemploying, or retaining personnel in civilian positions shall give preference to ex-service personnel, the wives of ex-servicemen, and the widows of ex-servicemen in accordance with the Veterans' Preference Act of 1944 (Act of June 27, 1944, ch. 287, 58 Stat. 387-391).

424.4. For the rights of veterans returning to positions occupied by them before entering the service, reference should be made to current directives of the Navy Department and the Civil Service Commission. Advice may be obtained from the nearest Civil Service representative.

## PT. IV, CH. 2. POLICIES GOVERNING CIVIL EMPLOYEES

## 425

**Restrictions on Employment.**—425.1. The civilian complement shall be kept at the minimum necessary to perform the required duties.

425.2. Only such mechanics and laborers as are required for routine upkeep and repair work shall be regularly employed by a Medical Department activity.

425.3. Civil employees shall be assigned only to essential and strictly governmental work.

## 426

**Conditions of Employment.**—426.1. Appointment of civilians to positions in Medical Department activities shall be made in accordance with the provisions of the Civil Service Act and rules and regulations of the Civil Service Commission. Employment shall be open to qualified men and women who are citizens of the United States. Under extraordinary circumstances individuals who are not citizens may be employed. Appointments shall be made on the basis of merit and approved qualifications standards. Physical fitness shall be determined by a medical officer (par. 21136).

426.2. There shall be no discrimination against any employee or applicant for employment because of race, creed, color, national origin, religion, political affiliation, or membership or nonmembership in any employee association or other lawful organization.

426.3. Employees shall not belong to organizations imposing obligation or duty upon them to engage in any strike, or any obligation to assist in any strike against the United States. Similarly, it is unlawful for employees to have membership in any political party or organization which advocates the overthrow of the constitutional form of government of the United States. Appointees are required to make affidavits that they do not belong to such organizations.

426.4. Employees shall not take active part in political management or in political campaigns, except as provided in section 16 of the Hatch Act (Act of July 19, 1940, ch. 640, sec. 4, 54 Stat. 767, 771). Reference should be made to the *Civil Service Act, Rules and Regulations, Annotated*. Employees retain the right, however, to vote as they may choose and to express their opinions on all political subjects and candidates.

426.5. An appointee shall be informed that he is employed on the assumption that he is willing to work during any hour of the day and on any day of the week, if necessary. There shall be no mutual understanding that leave will be granted on any specified days.

426.6. In general, the first year of employment shall be a trial period. During this period, the employee's efficiency shall be evaluated and his service, if unsatisfactory, shall be subject to termination without prepayment of charges. If an employee's record is satisfactory during the trial period, his appointment may be continued in accordance with the provisions of his original appointment.

426.7. For conditions under which an individual leaving the Gov-

## SECTION II. ADMINISTRATION

ernment service is entitled to a statement of availability, reference should be made to the current directives of the War Manpower Commission. Advice also may be obtained from the district civilian personnel director and the nearest Civil Service representative.

## SECTION II. ADMINISTRATION

	Paragraph
Training .....	427
Position Classification .....	428
Efficiency Ratings .....	429
Discipline .....	4210
Working Hours .....	4211
Pay .....	4212
Quarters and Subsistence .....	4213
Leave .....	4214
Subscription and Collection of Funds .....	4215

## 427

**Training.**—Each activity is responsible for determining the training required by the civilian personnel under its jurisdiction and for doing as much of that training as practicable. The district civilian personnel officer has a training staff which is available to assist in planning and advising on civilian training in Navy establishments.

## 428

**Position Classification.**—428.1. The Division of Shore Establishments and Civilian Personnel, Navy Department, is responsible for position classification within the field service of the Navy and, except for positions in certain districts outside the continental United States and in foreign countries, evaluates jobs through its field offices. Positions that require classification by the field offices are grouped under the following headings: C. A. F. (clerical, administrative, fiscal), C. P. C. (crafts, protective, custodial), P. (professional, scientific), and S. P. (subprofessional).

428.2. The civilian personnel officer of an activity shall furnish the appropriate Position Classification Field Office with complete descriptions of positions, and, as required, shall make available to the field office pertinent supplementary material, including organization charts and manuals of procedure. The civilian personnel officer also shall be assured that supervisory personnel, and, to as great an extent as possible, employees, understand the principles of position classification.

## 429

**Efficiency Ratings.**—429.1. Each employee shall be given an efficiency rating which shall be an evaluation of the employee's work performance. The ratings shall be submitted semiannually to the medical officer in command, except that ratings of Group IV (b) employees shall be submitted annually as of 31 March. Care shall be taken in determining the rating, because of its influence on promotion,

## PT. IV, CH. 2. POLICIES GOVERNING CIVIL EMPLOYEES

demotion, pay increase, pay decrease, reassignment, transfer, and dismissal.

429.2. Group IV(b) efficiency ratings, in accordance with *Efficiency Rating Manual* of the Civil Service Commission, shall be prepared and signed by the employee's immediate supervisor and reviewed by the supervisor highest in authority who has personal knowledge of the employee's performance. Each employee shall be advised of his efficiency rating and of his right to appeal the decision concerning the rating. Groups I, II, III, and IV(a) ratings shall be prepared in accordance with *Navy Civilian Personnel Instructions*, 56.

429.3. Each activity should establish for Group IV(b) employees an efficiency rating committee charged with setting standards of performance, hearing requests by employees for reconsideration of ratings, and making proper adjustments. The committee should be representative of the activity's divisions or units, insofar as possible. The civilian personnel officer should be a member of the efficiency rating committee.

## 4210

**Discipline.**—4210.1. All employees should be fully informed concerning the conditions of employment, regulations applicable to them, their responsibilities, rights, and privileges, and the disciplinary policy and procedure of the activity.

4210.2. The principle of similar penalties for similar offenses shall prevail in disciplinary actions.

4210.3. No employee shall be discharged for cause involving delinquency or misconduct until the circumstances have been investigated and a decision rendered by the medical officer in command or his delegated representative. Prior to discharge for delinquency or misconduct, classified status employees and employees (other than temporary or trial period) appointed under War Service Regulations with more than one year of service shall be furnished written charges and allowed a reasonable time for answering the charges in writing as prescribed in Rule XII of *Civil Service Act, Rules and Regulations, Annotated*.

## 4211

**Working Hours.**—The medical officer in command shall establish the work hours in conformity with work requirements subject to the following regulations: The regular work week for all employees is 40 hours, except as may be specified in current directives. A request shall be made to the Navy Department whenever a work week of more than 40 hours is desired to be established by an activity. Work in excess of eight hours per day or 40 hours per week shall not be required except to meet emergencies. Employees shall not be required to work in excess of eight hours per day or 48 hours per week if such employment would result in impairment of health or efficiency.

## SECTION II. ADMINISTRATION

## 4212

**Pay.**—4212.1. The Under Secretary of the Navy (Office of Industrial Relations) establishes the pay rates for civilian positions, other than those in Group IV (b), at each activity, and no deviation from the rates so fixed shall be allowed. Group IV (b) pay rates are established by Congress, but the positions are allocated by the Position Classification Field Offices of OIR, or, in certain cases, by OIR (par. 421.1).

4212.2. All civilian employees other than those in Group IV (b) shall be paid weekly, the pay rolls being prepared to cover the period from Monday through Sunday. Group IV (b) employees shall be paid every 14 days.

4212.3. The names of employees shall be arranged on the pay roll in the manner prescribed in Part VI of this Manual.

4212.4. A copy of each pay roll shall be forwarded promptly to the Bureau.

## 4213

**Quarters and Subsistence.**—Regulations governing the furnishing of quarters, heat, light, household equipment, subsistence, and laundry service are contained in *Navy Civilian Personnel Instructions*, 225. For charges and accounting procedures reference should be made to Part VI of this Manual.

## 4214

**Leave.**—The annual and sick leave acts of March 14, 1936, as amended; executive orders; directives of the Civil Service Commission; and directives of the Navy Department contain leave regulations for civilian employees. The basic laws, rules, and regulations are contained in *Annual and Sick Leave Regulations for Government Employees*, which may be obtained from the Civil Service Commission or the U. S. Government Printing Office, Washington, D. C.

## 4215

**Subscription and Collection of Funds.**—The solicitation and collection of funds during working hours is approved by the Navy for the following: (1) War saving bond sales; (2) American Red Cross membership; (3) Community Chest, Welfare, or War Fund drives; (4) Navy Relief Society; (5) sale of Christmas seals of the National Tuberculosis Association; (6) National Infantile Paralysis Fund; (7) Christmas dinners and Christmas baskets for the unemployed and the poor; and (8) flowers for deceased employees or for deceased members of employees' families.

## PT. IV, CH. 2. POLICIES GOVERNING CIVIL EMPLOYEES

## SECTION III. WELFARE OF EMPLOYEES

	Paragraph
Working Conditions .....	4216
Women Employees .....	4217
Complaints and Grievances .....	4218
Interviews .....	4219

## 4216

**Working Conditions.**—4216.1. The medical officer in command shall insure that the working conditions for civilian employees at the activity are adequate to maintain desirable standards of health, safety, and comfort.

4216.2. Medical Department activities shall cooperate in, and encourage social, athletic, and other recreational activities of employees which take place outside working hours.

## 4217

**Women Employees.**—4217.1. The working standards for women prescribed by laws of the State wherein the activity is located shall be fully observed.

4217.2. Women shall never be required to lift more than one-third of their weight. They shall not lift continually (10 or more lifts per hour) more than 25 pounds.

4217.3. Women employees shall be assigned, insofar as is practicable, to day work.

4217.4. Employment of pregnant women shall be governed by current regulations.

4217.5. In employing women with children, the civilian personnel officer shall assure himself that such employees' obligations at home will not conflict with the efficient performance of their duties at the naval activity.

## 4218

**Complaints and Grievances.**—4218.1. The medical officer in command shall be responsible for correcting conditions or circumstances conducive to unfairness, misunderstanding, or dissatisfaction.

4218.2. First line supervisors shall have initial responsibility for correcting such conditions, when it is within their authority to do so, and for handling complaints and grievances as they arise. Supervisory personnel shall be thoroughly informed regarding Navy Department grievance procedure (*Navy Civilian Personnel Instructions*, 80) and all civilian employees shall be advised of such procedure.

## 4219

**Interviews.**—4219.1. In order that the turnover of labor may be held to a minimum, the civilian personnel officer, employee counselor, or operating supervisor should conduct counseling interviews with employees whenever problems appropriate for such conferences arise.

4219.2. An interview shall be conducted whenever the employee's connection with the service is about to be terminated. The interviewing official shall (a) attempt to determine all reasons influencing an employee's desire to resign; (b) attempt to retain competent employees if mutually satisfactory solutions to their problems or grievances can be reached; and (c) assist in correcting controllable causes of labor turnover.

## PART V—CHAPTER 1

### REPORTS

	Paragraphs
Section I. GENERAL .....	511-513
II. RECORDS .....	514-515
III. LETTERED FORMS .....	516-5116
IV. NUMBERED FORMS .....	5117-5129
V. REPORTS SUBMITTED BY LETTER .....	5130-5144
VI. MISCELLANEOUS FORMS .....	5145-5147

#### SECTION I. GENERAL

	Paragraph
Responsibility .....	511
Blank Forms .....	512
Tabulation of Reports .....	513

#### 511

**Responsibility.**—511.1. The Bureau requires personnel of the Medical Department to prepare and submit the reports specified in the tabulation in paragraph 513. The medical officer or other Medical Department representative is responsible, however, for additional reports required of him by *Navy Regulations* or by other competent authority. Instructions for those reports which do not appear elsewhere in the text of this Manual are included in this chapter. The tables in paragraph 513 include location references to the reports not discussed in this chapter.

511.2. Reports shall be forwarded in accordance with Chapter 52, *Navy Regulations*.

511.3. Copies of all official communications shall be kept in suitable files (Art. 2039, *Navy Regulations*). When two or more copies of the same report are forwarded separately to different offices or officers, a notation shall be made on each copy showing (a) that it is a copy, and (b) the disposition of the other copies.

#### 512

**Blank Forms.**—Medical Department personnel required to make reports shall maintain a supply of the necessary blank forms. These may be obtained by application to the proper supply depot, storehouse, bureau, or office. Letters shall be used in making reports for which printed forms are not provided.

#### 513

**Tabulation of Reports.**—There are listed in the tables below the reports required from the fleet medical and dental officers, the district medical and dental officers, and from the medical departments of naval activities. Each citation in the authority reference column specifies the regulation requiring the report. Each citation in the

## PT. V, CH. 1. REPORTS

preparation reference column gives the source from which instructions may be obtained for the preparation of the report. The "X's" in the numbered columns of the table listing reports required from the medical departments of naval activities indicate that the report is to be submitted by the type of activity which the number represents. The numbered columns refer to the following types of activities:

1. Ship with medical officer.
2. Ship without medical officer, but with Medical Department representative.
3. Hospital ship.
4. Yard or station in United States.
5. Yard or station outside United States.
6. Naval hospital in United States.
7. Naval hospital outside United States.
8. Naval special hospital.
9. Fleet hospital.
10. Base hospital.
11. Augmented hospital.
12. Dispensary.
13. Activity with dental officer.
14. See text.

An "X" in column 14 indicates that the report is submitted only by certain activities specified by the Bureau, and that the paragraph in the text which discusses the report designates the activities which are required to submit it.

*Reports from the Fleet Medical and Dental Officers*

Form	Subject	To	When	Authority Reference	Preparation Reference
Letter.....	Fleet Dental Officer's Report.....	BuMed (Via CinC).	As Required.....	Par. 1346.2 MMD	Par. 1346.2 MMD
Letter.....	Fleet Medical Officer's Report.....	BuMed (Via CinC).	As Required.....	Par. 12C4.2 & 12C6.1 MMD	Par. 12C4.2 & 12C6.1 MMD
Dispatch.....	Killed, Wounded, and Missing, Report of	CinC.....	As Required.....	Par. 12C8.2 MMD	Par. 12C8.2 MMD
Letter.....	Sanitary Inspections.....	CinC.....	As Required.....	Par. 12C5 MMD	Par. 12C5 MMD
Letter.....	Sanitary Report, Annual.....	BuMed (Via CinC).	Annually (1 Jan.)	Par. 35D5 MMD	Par. 35D5 MMD

*Reports from the District Medical and Dental Officers*

Form	Subject	To	When	Authority Reference	Preparation Reference
NAVMEH-HC-4....	Roster Report of the Hospital Corps.	BuMed.....	Quarterly.....	Par. 518 MMD	Par. 518 MMD
NAVMEH-N.....	Certificate of Death.....	BuMed.....	As Required.....	Par. 346 MMD	Par. 344 MMD
NAVMEH-590.....	Combined Report of Enlisted Hospital Corps Personnel.	BuMed.....	Weekly.....	Par. 5124 MMD	Self-explanatory
Letter.....	Death of Inactive Reservist, Report of.	Bupers (Copy to BuMed).	As Required.....	Par. 348 MMD	Par. 348 MMD
Letter.....	District Dental Officer's Inspection Report.	BuMed (Via Comdt.).	As Required.....	Par. 1350.4 MMD	Par. 1350.4 MMD
Letter.....	District Medical Officer's Inspection Report.	BuMed (Via Comdt.).	As Required.....	Par. 12D2.8 MMD	Par. 12D2.8 MMD
Letter.....	Night Vision Tests, Monthly Statistical Summary of.	BuMed.....	Monthly.....	Par. 5140 MMD	Par. 5140 MMD
Letter.....	Venereal Disease Control Report, Monthly.	BuMed.....	Monthly.....	Par. 5135 MMD	Par. 5135 MMD

## TABULATION OF REPORTS

*Reports Required from Medical Activities*  
LETTERED FORMS

Form	Subject	To	When	Authority Reference	Preparation Reference	1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAVME-A	Annual Syphilis Report.	BuMed	Annually (1 Jan.)	Par. 35D4 MMD	Par. 35D4 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-AV-1.	Report of Physical Examination for Frying.	BuMed	As Required	Par. 5116 MMD	Part II, Chapter 1 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-B	Report of Allotment Expenditures and Obligations (Cont'l).	BuMed	Quarterly	Part VI MMD	Part VI MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-E	Statement of Receipts and Expenditures of Med. Dept. Prop. Patient.	BuMed	Quarterly	Part VI MMD	Part VI MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-F	Individual Statistical Report of Patient.	Retained in Files	As Required	Par. 236 MMD	Par. 236 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-Fa	Individual Statistical Report of Patient.	BuMed	As Required	Par. 236 MMD	Par. 236 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-G	Hospital Ticket.	Hospital Receiving Patient	As Required	Par. 516 MMD	Par. 516 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-H	Health Record.	BuMed	On Desertion, Missing Status, or When Closed	Par. 2243 MMD	Part II, Chapter 2, MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-H-2	Physical Examination.	BuMed	As Required	Par. 223, 224 MMD	Par. 2216-2218 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-H-4	Dental Record.	BuMed	As Required	Par. 223, 2 MMD	Par. 2227-2234 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-H-8	Medical History (Officers).	BuMed	Annually (1 Jan.)	Par. 2214, MMD	Par. 2219-2226 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-HC-3	Receipt, Transfer, and Status Card (Hospital Corps).	BuMed	As Required	Par. 517 MMD	Par. 517 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-HC-4	Roster Report of the Hospital Corps.	BuMed	Monthly	Par. 518 MMD	Par. 518 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-HF-1	Admission or Discharge of Officer.	See Par. 519 MMD	As Required	Par. 519 MMD	On Form	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-HF-10	Daily Personnel Report.	CO	Daily	Par. 5110 MMD	Self-explanatory	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-HF-36	Ration Record.	CO (original copy for last day of month to BuMed)	Daily	Part VI MMD	Part VI MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-HF-61	Information for Next of Kin (Naval Personnel).	Next of Kin	As Required	Par. 3444.2 MMD	On Form	X	X	X	X	X	X	X	X	X	X	X	X	X	X

1. Ship with medical officer.
2. Ship without medical officer, but with medical Department representative.
3. Hospital ship.
4. Yard or station in United States.
5. Yard or station outside United States.
6. Naval hospital in United States.
7. Naval hospital outside United States.
8. Special hospital.
9. Fleet hospital.
10. Base hospital.
11. Augmented hospital.
12. Dispensary.
13. Activity with dental officer.
14. See text.

## PT. V, CH. 1. REPORTS

## Reports Required from Medical Activities—Continued

## LETTERED FORMS

Form	Subject	To	When	Authority Reference	Preparation Reference	1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAVME-D-I	Weekly Report of Patients	BuMed	Weekly	Par. 5111 MMD	On Form			X			X	X	X	X	X	X	X	X	X
NAVME-D-K	Report of Dental Operations and Treatment	BuMed (in duplicate)	Monthly	Par. 1337 MMD	Par. 5112 MMD														
NAVME-D-L	Report of Prosthetic Dental Treatment	BuMed (in duplicate)	Monthly (as enclosure with NAVMED-610)	Par. 1338 MMD	On Form														
NAVME-D-M	Report of Board of Medical Survey	BuMed (Via SOP)	As Required	Pars. 3317-3322 MMD	Pars. 3317-3322 MMD	X			X	X	X	X	X	X	X	X	X	X	X
NAVME-D-N	Certificate of Death	BuMed	As Required	Par. 344 MMD	Par. 344 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-D-P	Report of Surgical Operations	BuMed	Quar., Stations & Hosp. Ships; Annually, Other Ships	Par. 5113 MMD	Pat. 5113 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-D-S	Binnacle List	CO	Daily	Par. 12C17 MMD	Par. 12C17 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-D-T	Morning Report of Sick	CO	Daily	Par. 12C17 MMD	Par. 12C17 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-D-U	Report of Medical, Dental and Hospital Treatment Other Than Naval	BuMed	As Required	Par. 318 MMD	Par. 318 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-D-X	Recruiting Statistics	BuMed	Annually (1 Jan.)	Par. 5115 MMD	Par. 5115 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-D-Xa	Recruiting File Record	Retained in Files	As Required	Par. 5115 MMD	On Form	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-D-Y	Report of Physical Examination	BuMed	As Required	Par. 5116 MMD	Part II, Chapter 1 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X

## NUMBERED FORMS

Form	Subject	To	When	Authority Reference	Preparation Reference	1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAVME-D-4	Requisition and Invoice, Medical Supplies and Equipment	BuMed	As Required	Part VI MMD	Part VI MMD	X			X	X	X	X	X	X	X	X	X	X	X
NAVME-D-70	Patient's Identity Tag	See Par. 5117 MMD	As Required	Par. 5117 MMD	Par. 5117 MMD				X	X	X	X	X	X	X	X	X	X	X
NAVME-D-102	Report of Neuropsychiatric Patients	BuMed	Monthly	Par. 5118 MMD	Self-explanatory					X	X	X	X	X	X	X	X	X	X
NAVME-D-103	Hospital Bed Capacity—Quarterly Report	BuMed	Quarterly	Par. 5119 MMD	On Form					X	X	X	X	X	X	X	X	X	X
NAVME-D-171	Veneral Disease Contact Report	BuMed	As Required	Par. 5120 MMD	On Form	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-D-172	Weekly Morbidity Report	BuMed	Weekly	Par. 35192 MMD	Par. 35D2 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NAVME-D-210	Emergency Medical Tag	See Par. 5121 MMD	As Required	Par. 5121 MMD	Par. 5121 MMD														



## PT. V, CH. 1. REPORTS

*Reports Required from Medical Activities—Continued*  
REPORTS SUBMITTED BY LETTER

Form	Subject	To	When	Authority Reference	Preparation Reference	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Dispatch Letter	Action Report, Aptitude Board, Report of.	CO.	As Required	Art. 712, N.R. MMD	Self-explanatory Per. 21119.4														X
Letter or Dispatch Letter	Arsenical Reactions, Report of.	BuMed (in duplicate)	As Required	Per. 35D4.2 MMD	Per. 35D4.2 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Letter	Asphyxia, Report on Cases of	BuMed	As Required	Per. 5143 MMD	Per. 5143 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter	Births, Report of.	Civil Authorities	As Required	Per. 16A8.4 MMD	Per. 16A8.4 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter	Burial Overseas, Report of.	BuMed (in duplicate)	Monthly	Per. 5138 MMD	Per. 5138 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter	Casualties, Report of.	BuMed	As Required	Per. 5139 MMD	Per. 5139 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Special Letter	Cemetery, Map or Blueprint of	BuMed	As Required	Per. 5132 MMD	Per. 5132 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter (Dispatch)	Chest, Photofluorographic Examination of.	BuMed	As Required	Per. 21103.6 (d) MMD	Per. 21103.6 (d) MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Letter (Dispatch)	Death, Dispatch Report of.	SecNav.	As Required	Per. 341 MMD	Per. 341 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Special Letter or Dispatch Letter	Death of Reservist after Release from Active Duty, Report of	BuMed	As Required	Per. 347 MMD	Per. 347 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter	Dental Report, Annual	BuMed	Annually (1 Jan.)	Per. 5130 MMD	Per. 5130 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter	Dental Treatment, Special, Request for.	BuMed	As Required	Per. 3116 MMD	Per. 3116 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Dispatch and Letter	Diving, Extensive, Statistical Report of	BuMed	As Required	Per. 12E53.3 MMD	Per. 12E53.3 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Letter	Epidemiological Report, Special.	BuMed (Via CO)	As Required	Per. 35D1 MMD	Per. 35D1 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter	Hospital Corps, Assignment and Housing of	BuMed	Monthly	Per. 5131 MMD	Per. 5131 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter	Hospital Corps Specialty Training, Recommendation for.	See Par. 5136	Monthly	Per. 5136 MMD	Per. 5136 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter	Industrial Health Report, Monthly.	BuMed	Monthly	Per. 5133 MMD	Per. 5133 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Letter	Infectious Disease, Person With, Separation from Service of.	State Health Department	As Required	Per. 16A8.2 MMD	Per. 16A8.2 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter or Dispatch Letter	Inoculant Reactions, Unfavorable, Report of	BuMed	As Required	Per. 35B4 MMD	Per. 35B4 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Letter	Intelligence Reports	BuMed	As Required	Pers. 35D13-35D16 MMD	Pers. 35D13-35D16 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Letter	Inventory, Decommissioning.	Records Management Center Copy to BuMed	As Required	Par. 12B11 MMD	Par. 12B11 MMD	X	X	X	X	X	X	X	X	X	X	X	X	X	
Special	Inventories, Storeroom, Statement of	BuMed	Quarterly (with NAVMED-560)	Part VI MMD	Part VI MMD						X	X	X	X	X	X	X	X	

## TABULATION OF REPORTS

Special	Investment, Capital, Statement of.	BuMed.	Quarterly (with NAVMED-569) As Required	Part VI MMD Par. 12C57 MMD	Part VI MMD Par. 12C57 MMD
Letter	Killed, Wounded, and Missing, Report of.	CO	As Required	Par. 337-3316 MMD	Par. 337-3316 MMD
Letter or Dispatch	Medical Survey, Request for.	SOP	As Required	Par. 3417-3419 MMD	Par. 3417-3419 MMD
Letter (Dispatch)	Next of Kin, Dispatch Notification to.	Next of Kin	As Required	Par. 3417-3419 MMD	Par. 3417-3419 MMD
Letter	Next of Kin, Letter to.	Next of Kin	As Required	Par. 3417-3419 MMD	Par. 3417-3419 MMD
Letter (Dispatch)	Night Vision Tests, Report of.	See Par. 5140 BuMed.	Monthly	Par. 3140 MMD	Par. 3140 MMD
Letter	Patient Bed Capacities and Patient Census	Next of Kin	Weekly	Par. 5144 MMD	Par. 5144 MMD
Letter or Dispatch	Patients, Critically Ill, Report of.	Next of Kin	As Required	Par. 16A9.2 MMD	Par. 16A9.2 MMD
Letter	Pension Claims Outstanding, Report of.	BuMed.	Monthly	Par. 5141 MMD	Par. 5141 MMD
Letter	Prosthetic Appliances Report.	Prosthetic Appliances Bd., Bethesda, Md.	Monthly	Par. 5134 MMD	Par. 5134 MMD
Letter	Psychiatric Unit, Report of.	BuMed.	Weekly	Par. 5142 MMD	Par. 5142 MMD
Letter	Quarantine Declaration, Aircraft.	Oper. Officer, Pilot, or Air	As Required	Par. 35C14.2 MMD	Par. 35C14.2 MMD
Letter or Dispatch Special	Quarantine Declaration, Ship Receipts, by Transfer, by Appropriations and Other Sources, Statement of.	Trans. Officer USPHS Officer BuMed.	As Required Quarterly (with NAVMED-569)	Par. 35C10 MMD Part VI MMD	Par. 35C10 MMD Part VI MMD
Letter	Rehabilitation Program Progress Report.	BuMed.	Quarterly	Par. 5137 MMD	Par. 5137 MMD
Letter	Remains of Dead, Report to Consignee.	Consignee	As Required	Par. 3425 MMD	Par. 3425 MMD
Letter	Sanitary Report, Annual, from signed of Ships.	BuMed (Via CO and Fleet Comdt.)	Annually (15 Jan)	Par. 35D10-35D12 MMD	Par. 35D10-35D12 MMD
Letter	Sanitary Report of Ports Visited.	BuMed.	As Required Quarterly	Par. 35D15 MMD	Par. 35D15 MMD
Letter	Sanitary Report, Quarterly.	BuMed.	As Required Quarterly	Par. 35D7-35D9 MMD	Par. 35D7-35D9 MMD
Letter or Dispatch	Sanitary Report, Special.	BuMed.	As Required	Par. 35D8.2 MMD	Par. 35D8.2 MMD
Letter or Dispatch	Specialist, Services of, Request for.	BuMed.	As Required	Par. 3112 MMD	Par. 3112 MMD
Letter	Superintending Patients, Hospitalization of, Detailed Report.	BuMed.	Monthly	Par. 4169 MMD	Par. 4169 MMD

1. Ship with medical officer.  
2. Ship without medical officer, but with Medical Department representative.  
3. Hospital ship.  
4. Yard or station in United States.

5. Yard or station outside United States.  
6. Naval hospital in United States.  
7. Naval hospital outside United States.  
8. Special hospital.

9. Fleet hospital.  
10. Base hospital.  
11. Augmented hospital.  
12. Dispensary.  
13. Activity with dental officer.  
14. See text.

## PT. V, CH. 1. REPORTS

*Reports Required from Medical Activities—Continued*  
 REPORTS SUBMITTED BY LETTER — Continued

Form	Subject	To	When	Authority Reference	Preparation Reference	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Letter-----	Survivors of Sunk Vessels, Report of.	BuMed-----	As Required-----	Par. 35D16 MMD	Par. 35D16 MMD	×	×	×	×	×	×	×	×	×	×	×	×	×	×
Letter-----	Tuberculosis, Person with, Report of to Federal Authorities.	USPHS, Bethesda, Md.	As Required-----	Pars. 16A8.3, 2112.8 MMD	Pars. 16A8.3, 2112.8 MMD	---	---	---	×	×	×	×	×	×	×	×	×	×	---
Letter-----	Veterans Administration Out-patient Examinations, Report of.	BuMed-----	Monthly-----	Par. 4150.5 MMD	Par. 4150.5 MMD	---	---	---	---	×	---	---	---	---	---	---	---	---	---
Letter-----	Work Request, Specific.	BuMed-----	As Required-----	Part VI MMD	Part VI MMD	---	---	---	×	×	×	×	×	×	---	---	---	×	---

## MISCELLANEOUS FORMS

Form	Subject	To	When	Authority Reference	Preparation Reference	1	2	3	4	5	6	7	8	9	10	11	12	13	14
ACRO Form B.---	Report of Discharged Naval Personnel.	BuMed-----	Monthly-----	Par. 5145 MMD	Par. 5145 MMD	---	---	---	---	---	---	---	---	---	---	---	---	---	×
ECC Form CA20.---	Medical Report of Injury.	ECC-----	As Required-----	Par. 4114 MMD	---	---	---	---	---	×	×	×	×	×	×	×	×	×	---
ECC Form CA32.---	Report of Hernia.	ECC-----	As Required-----	Par. 4114 MMD	---	---	---	---	---	×	×	×	×	×	×	×	×	×	---
ECC Form CA78.---	Report of Surgical Operation.	ECC-----	As Required-----	Par. 4123 MMD	---	---	---	---	---	×	×	×	×	×	×	×	×	×	---
ECC Form S-49.---	Report of Fees for Specialist.	ECC-----	As Required-----	Par. 4114.3 MMD	---	---	---	---	---	×	×	×	×	×	×	×	×	×	---
ECC Letter-----	Supplementary Report.	ECC-----	As Required-----	Par. 3444.2 MMD	---	---	---	---	---	×	×	×	×	×	×	×	×	×	---
NAVMC-817-QM	Information for Next of Kin (Marine Corps).	Next of Kin-----	As Required-----	---	On Form	---	---	---	---	---	---	---	---	---	---	---	---	---	---
S. and A. Form 44.---	Purchase Requisition (Afloat).	BuMed-----	As Required-----	Part VI MMD	Part VI MMD	×	×	×	×	×	×	×	×	×	×	×	×	×	---
S. and A. Form 76.---	Purchase Requisition (Ashore).	BuMed-----	As Required-----	Part VI MMD	Part VI MMD	×	×	×	×	×	×	×	×	×	×	×	×	×	---
S. and A. Form 154.---	Survey of Property.	BuMed-----	As Required-----	Art. 623-9 (a)	Art. 623-9 (b)	---	---	---	×	×	×	×	×	×	×	×	×	×	---
S. and A. Form 184.---	Labor Roll Summary.	Disbursing Officer (Copy to BuMed)	Sec Art. 623-9 (b) BuSanda Manual	BuSanda Manual	BuSanda Manual	---	---	---	×	×	×	×	×	×	×	×	×	×	---
S. and A. Form 519.---	Misconduct Report.	CO-----	As Required-----	Par. 3213.2 MMD	Art. 2140-6 (b) (2) BuSanda Manual	×	×	×	×	×	×	×	×	×	×	×	×	×	---
S. and A. Form 534.---	Hospital Ration Notice.	Disbursing Officer carrying accounts	As Required-----	Par. 5146 MMD	Par. 5146 MMD	---	---	---	×	×	×	×	×	×	×	×	×	×	---
Std. No. 1073.---	Pay Roll of Persons Employed.	Disbursing Officer (Copy to BuMed)	Semi-monthly for Class IV (b) employees: weekly for others	Par. 4212.4 MMD	Part VI MMD	---	---	---	×	×	×	×	×	×	×	×	×	×	---

## TABULATION OF REPORTS

Form	Subject	To	When	Authority Reference	Preparation Reference	1	2	3	4	5	6	7	8	9	10	11	12	13	14
VVA Form P-10-----	Application for Hospitalization or Domiciliary Care.	Veterans Administration Facility	As Required-----	Par. 3330.4 MMD															
VVA Form 526-----	Application for Pension	Veterans Administration Facility	As Required-----	Par. 3330.4 MMD															
WDOQMG Form 623	Application for Headstones-----	Quartermaster General, War Department	As Required-----	Par. 5147 MMD	On Form														

REPORTS ADDED SINCE 1 NOVEMBER 1945

1. Ship with medical officer.	5. Yard or station outside United States.	9. Fleet hospital.
2. Ship without medical officer, but with Medical Department representative.	6. Naval hospital in United States.	10. Base hospital.
3. Hospital ship.	7. Naval hospital outside United States.	11. Augmented hospital.
4. Yard or station in United States.	8. Special hospital.	12. Dispensary.
		13. Activity with dental officer.
		14. See text.

## PT. V, CH. 1. REPORTS

## SECTION II. RECORDS

Hospital Case Records .....	Paragraph 514
Ward Records and Reports .....	515

## 514

**Hospital Case Records.**—The Bureau requires each hospital to maintain the following case records:

514.1. NAVMED-HF-39 (REGISTER OF PATIENTS).—NAVMED-HF-39 shall be kept up to date by each naval, special, fleet, and base hospital; by each hospital ship; and by each dispensary which accepts in-patients. Upon admission to a hospital, the patient shall be assigned a new case number unless he has been previously admitted to the same hospital, in which event the case number for the original admission shall be used.

514.2. NAVMED-HF-38 (BURIAL RECORD).—NAVMED-HF-38 (Burial Record) shall be maintained by each naval hospital and special hospital. No instructions are necessary for the entries to be made in NAVMED-HF-38.

514.3. CASE RECORD FOLDER.—A file folder, 9¼ x 11¾ inches, shall be prepared for each patient. Originals or copies of the following items pertaining to the patient, prepared at or received by the hospital, shall be filed, when appropriate, in each case record folder:

- (a) NAVMED-HF-1 (Admission or Discharge of Officer).
- (b) NAVMED-G (Hospital Ticket) or NAVMED-416 (Hospital Ticket—Women).
- (c) Admission Report.
- (d) NAVMED-HF-59 and 59a (Clinical Record).
- (e) NAVMED-Q (Clinical Chart).
- (f) NAVMED-HF-17 (Clinical Notes).
- (g) NAVMED-HF-27 (Laboratory Examination).
- (h) NAVMED-HF-57 (Special Examination and Treatment Request).
- (i) NAVMED-HF-58 (Operation Record).
- (j) NAVMED-HF-53 (Notice of Change in Diagnosis).
- (k) Discharge Report.
- (l) S. and A. Form 534 (Hospital Ration Notice).
- (m) S. and A. Form 519 (Misconduct Report).
- (n) NAVMED-M (Report of Board of Medical Survey).
- (o) NAVMED-N (Certificate of Death).
- (p) NAVMED-HF-7 (Order for Transportation).
- (q) All correspondence or other communications relating to the patient.

## 515

**Ward Records and Reports.**—515.1. Orders, regulations, and instructions governing the administration of the wards in a hospital or dispensary shall be published in the wards for the information of the staff and patients.

515.2. Each hospital and dispensary shall provide suitable forms for reporting the admission and discharge of patients. The medical officer in command shall issue detailed instructions requiring the prompt preparation and submission of the reports.

515.3. The Ward Order Book shall be a book in which treatments ordered for patients shall be entered in ink and signed by the medi-

## SECTION III. LETTERED FORMS

cal officer issuing the order. Orders for narcotics shall be signed by the medical officer when the order is given.

515.4. NAVMED-Q's (Clinical Chart) and NAVMED-17's (Clinical Notes) shall be kept up to date and supervised in accordance with hospital instructions.

515.5. The Inventory of Equipment shall be a record of all non-expendable property on charge in a ward, and shall show all changes made by receipt and transfer of equipment. Hospital instructions shall specify the form of the record and shall require that the record be verified by physical inventory.

515.6. The preparation and submission of the following forms shall be governed by hospital instructions:

- (a) NAVMED-R (Issue Voucher).
- (b) NAVMED-HF-9 (Ward Report).
- (c) NAVMED-HF-11 (Request and Disposition Form).
- (d) NAVMED-HF-18 (Diet Sheet).
- (e) NAVMED-HF-20 (Liberty List).
- (f) NAVMED-HF-21 (Laundry List).
- (g) NAVMED-HF-22 (Personal Effects Tag).
- (h) NAVMED-HF-27 (Laboratory Examination).
- (i) NAVMED-HF-40 (Special Diet Order Sheet).
- (j) NAVMED-HF-57 (Special Examination and Treatment Request).

## SECTION III. LETTERED FORMS

	Paragraph
NAVMED-G (Hospital Ticket) and NAVMED-416 (Hospital Ticket—Women) .....	516
NAVMED-HC-3 (Receipt, Transfer, and Status Card) .....	517
NAVMED-HC-4 (Roster Report of the Hospital Corps) .....	518
NAVMED-HF-1 (Admission or Discharge of Officer) .....	519
NAVMED-HF-10 (Daily Personnel Report) .....	5110
NAVMED-I (Weekly Report of Patients) .....	5111
NAVMED-K (Report of Dental Operations and Treatment) .....	5112
NAVMED-P (Report of Surgical Operations) .....	5113
NAVMED-Q (Clinical Chart) .....	5114
NAVMED-X (Recruiting Statistics) and NAVMED-Xa (Recruiting File Record) .....	5115
NAVMED-Y (Report of Physical Examination) and NAVMED-Av-1 (Report of Physical Examination for Flying) .....	5116

## 516

NAVMED-G (Hospital Ticket) and NAVMED-416 (Hospital Ticket—Women).—516.1. NAVMED-G (Hospital Ticket) or NAVMED-416 (Hospital Ticket—Women) shall accompany each patient transferred to a hospital or hospital ship. In an emergency, a patient may be admitted to a hospital or hospital ship without the form, but it shall be prepared and forwarded as soon as possible.

516.2. Upon arrival of the patient at the hospital or hospital ship, NAVMED-G or NAVMED-416 shall be examined and the patient's clothing and effects shall be checked against the list on the front of the form for verification or correction.

516.3. Upon discharge or transfer, the patient shall receipt on the reverse side of NAVMED-G or the front of NAVMED-416 for the cloth-

## PT. V, CH. 1. REPORTS

ing and effects returned. The receipted ticket shall be placed in the patient's case record folder.

517

**NAVMED-HC-3 (Receipt, Transfer, and Status Card).—517.1.** NAVMED-HC-3 (Receipt, Transfer, and Status Card) shall be prepared and submitted to the Bureau upon any change of station or status of any person in the Hospital Corps. Submission of NAVMED-HC-3 shall be governed by the instructions in paragraphs 517.2 and 517.3.

517.2. NAVMED-HC-3 shall be submitted to the Bureau for an officer of the Hospital Corps, including a chief pharmacist or pharmacist, in the following instances:

- (a) Upon original appointment.
- (b) Upon promotion or demotion.
- (c) Upon reporting for any purpose, including temporary duty, or upon admission to or discharge from the sick list.
- (d) Upon detachment.
- (e) Upon separation from service.

517.3. NAVMED-HC-3 shall be submitted to the Bureau for an enlisted person in the Hospital Corps in the following instances:

- (a) Upon enlisting or reenlisting in the regular Navy or in the Naval Reserve. (If in Naval Reserve, state class.)
- (b) For a Fleet Reservist, upon reporting for active duty.
- (c) For a Naval Reservist, upon reporting for active duty.
- (d) Upon reporting from another ship, station, or status, including:
  - (1) Received for further transfer.
  - (2) Admitted as patient for treatment (show diagnosis).
  - (3) Returning to duty from treatment.
  - (4) Received for temporary duty.
  - (5) Received from temporary duty for permanent duty.
  - (6) Received as straggler.
  - (7) Received from custody of Federal or civil authorities.
  - (8) Received for instruction by orders of Bureau of Naval Personnel.
  - (9) Received from 10 or more days of confinement, or from "awaiting trial."
  - (10) Received from 10 or more days of leave.
  - (11) Reservist of any class received from another ship, station, or naval district.
  - (12) Received from "Under Instruction."
- (e) Upon discharge (termination of enlistment for any cause; give character of discharge), death, or desertion.
- (f) Extension of enlistment, stating length of extension and effective date thereof.
- (g) Entering into agreement to extend enlistment, stating length of extension and effective date thereof.
- (h) Entering into agreement to reenlist on the date following that of discharge.
- (i) Transfer to another ship, station, or status, to include:
  - (1) Individual transferred for further transfer. In such case indicate "Via R. S. .... and/or U.S.S. ...." If this procedure would constitute a violation of security instructions the card shall state "Confidential."
  - (2) Patient transferred, showing diagnosis.
  - (3) Patient discharged to duty, showing diagnosis.
  - (4) Transfer of staff hospital corpsman to instruction by order of the Bureau of Naval Personnel.

## SECTION III. LETTERED FORMS

- (5) Individual transferred from "Under Instruction" to permanent duty.
- (6) Individual transferred from regular Navy to Fleet Reserve. (State class of Reserve and naval district to which transferred.)
- (7) Reservist transferred to another naval district.
- (8) Fleet Reservist recalled to active duty; or other Reservist transferred for a period of active training duty.
- (9) Reservist transferred from one class to another.
- (10) Reservist transferred to inactive status upon completion of active training duty period.
- (11) Individual transferred to retired list.
- (12) Individual transferred for temporary duty (show authority).
- (13) Individual transferred from temporary duty to permanent duty (show authority).
- (14) Advancement in (including acting appointment to permanent appointment), reduction in, or change of rating. (State from ..... to ....., and give date and authority.)
- (15) Placing of staff hospital corpsman in confinement for 10 days or more to await trial.
- (16) Departure of staff hospital corpsman on leave of 10 days or more.
- (17) Change of date of expiration of enlistment on account of "time not served" for any cause. (Show number of days to be made up.)
- (18) Arrest by Federal or civil authorities.
- (19) Change of status to limited duty ashore.

517.4. Entries shall be made on lines 11, 12, and 14 of the reverse side of the first NAVMED-HC-3 submitted for an individual. Line 15 shall be completed upon initial entry into the Hospital Corps. It shall not be completed on subsequent NAVMED-HC-3's. Line 13 shall be completed upon transfer, admission to sick list, advancement or reduction in rating, and upon discharge for any reason.

517.5. Entries on NAVMED-HC-3 shall be specific and accurate. Particular attention shall be given to the purpose for which the NAVMED-HC-3 is prepared (pars. 517.2 and 517.3) to insure that the report reflects the current status of the individual. With the exceptions of the instructions given below, NAVMED-HC-3 is self-explanatory. Instructions for making entries on specific lines follow:

LINE 1.—Surname and Christian names must be spelled correctly, without abbreviations, with surname placed first.

LINE 1 (a).—In addition to the rank of an officer or the rating of an enlisted man, USN, FR, or USNR shall be entered. If female, add V-10. If Negro, so state.

LINE 2 (a).—If date of expiration of enlistment is D. O. W. (Duration of War) and six months, so state.

LINE 3.—Always use title appearing on approved Bureau of Naval Personnel Forms NAVPERS-639 and NAVPERS-350.

LINE 9.—List technical specialties in which qualified. If his performance in these specialties has been observed, assign mark on 0.0 to 4.0 basis. If not performing duty of specialty, so state. Abbreviations for technical specialties follow:

Aviation Medicine .....	AVT
Clerical Procedures .....	CLT
Clinical Laboratory Technology .....	LBT
Commissary .....	CMT
Deep-Sea Diving .....	DIV
Dental Technology General .....	DGT
Dental Technology Prosthetic * .....	DPT

\* When a dental technologist (general) successfully completes a course in dental technology (prosthetic), the qualification "dental technologist (general)" shall be deleted from the individual's record. He shall be designated only as dental technologist (prosthetic) on all subsequent reports.

## PT. V, CH. 1. REPORTS

Dermatology and Syphilology .....	DST
Duplication Technic .....	DUT
Electrocardiography and Basal Metabolism .....	ELT
Electroencephalography .....	ENC
Epidemiology and Sanitation .....	EST
Fever Therapy .....	FTT
Low Pressure Chamber .....	LPC
Malariology .....	MAL
Medical Field Service .....	MFT
Medical Photography .....	PMT
Neuropsychiatry .....	NPT
Neuropsychiatry Clerical Procedures .....	NPC
Occupational Therapy .....	OT
Operating Room Technic .....	ORT
Pharmacy and Chemistry .....	PCT
Submarine Service .....	SUB
Physical Therapy .....	PHT
Property and Accounting .....	PAT
X-ray .....	XRT
X-ray and Photofluorography .....	XRP

LINE 10.—All special qualifications of the individual shall be listed. If his performance in these special qualifications has been observed, assign a mark on 0.0 to 4.0 basis. The following is a list of special qualifications and abbreviations for them. If an individual possesses a qualification not listed, it should be reported. The list:

Acrylic Eye Illustrator .....	AEI
Chemical Warfare .....	CWT
Chemist .....	CHT
Dental Repairman .....	DRM
Dental Technician Prosthetic* .....	DP
Embalmer .....	EMT
Medical Illustrator .....	MI
Medical Repairman .....	MRM
Optician .....	OPC
Optometrist .....	OPM
Orthopedic Appliance Mechanic .....	OAM
Physical Education .....	QPE
Podiatrist (Chiropodist) .....	POD
Radium Plaque Adaptometer Operator .....	RPA
Registered Pharmacist .....	RPH
Sound Motion Picture .....	SMP
Spectacle Dispensers .....	SD
Stenographer .....	STT

\* DP is a designator and is specifically authorized by the Bureau of Naval Personnel as an integral part of the rates of pharmacist's mates who were previously qualified and designated DPT.

LINE 13.—Marks entered on this line shall be assigned by (a) the medical officer; (b) Hospital Corps officer; (c) dental officer for dental technicians only; (d) commanding officer or officer in charge if the individual is serving on independent duty. Entries shall not be made on this line for Hospital Corps officers.

## 518

NAVMED-HC-4 (Roster Report of the Hospital Corps).—518.1. NAVMED-HC-4 (Roster Report of the Hospital Corps) shall be prepared and submitted to the Bureau by the medical officer or senior Medical Department representative of each ship or station. NAVMED-HC-4 shall be forwarded monthly, as of midnight of the first day of the month, by all ships and stations, including Marine Corps activi-

## SECTION III. LETTERED FORMS

ties and recruiting stations, or whenever an activity is placed out of commission. It shall be forwarded quarterly by each district medical officer on 1 April, 1 July, 1 October, and 1 January for inactive members of the Fleet Reserve and Naval Reserve.

518.2. The following instructions apply to entries made on the front of NAVMED-HC-4:

(a) The allowance "Authorized" is the allowance authorized by the Bureau of Naval Personnel, the figures to be obtained from Bureau of Naval Personnel Forms NAVPERS-350 (officers) and NAVPERS-639 (enlisted personnel).

(b) The allowance "On Board" shall be the number of commissioned Hospital Corps officers, chief pharmacists, pharmacists, and enlisted Hospital Corps personnel permanently attached to the ship or station for duty. H(S) and H(W) officers shall not be included, nor shall officers and enlisted personnel ordered "Under Instruction" by the Bureau of Naval Personnel.

(c) The "Authorized" allowance of Hospital Corps technicians shall be obtained either from NAVPERS-639 or the letter of transmittal for NAVPERS-639. In the event there is no authorized allowance of Hospital Corps technicians, a request should be submitted to the Bureau of Naval Personnel via the Bureau giving the number required in each specialty properly to man the activity. The number requested shall be justified on a basis of actual need. For abbreviations of technical specialties, reference should be made to paragraph 517.5.

(d) "Enlisted, Received, or Transferred Since Last Report" shall include all changes of station or status of all Hospital Corps officers, chief pharmacists, pharmacists, and enlisted personnel occurring since submission of the last report.

(e) The term "staff" shall apply only to Hospital Corps personnel who are a part of the regular ship or station complement. It shall not apply to officer or enlisted Hospital Corps personnel temporarily attached for any reason. Hospital Corps personnel on loan, or assigned to temporary or detached duty at an activity for which no Hospital Corps complement has been authorized, shall be reported by the activity to which permanently assigned as "Temporary duty at ..... (ship or station)." Temporary, patient, passenger, or prisoner Hospital Corps personnel shall be shown on the reverse side of NAVMED-HC-4 under the appropriate heading; for example, "Temporary Duty," "Patients," "Passengers," etc. Personnel of the Hospital Corps ordered by the Bureau of Naval Personnel from the staff to "Under Instruction" on the same station shall be shown as "Transferred to ....." and "Received for ..... Instruction."

518.3. On the reverse side of NAVMED-HC-4, the names of staff Hospital Corps personnel shall be entered by groups according to rank or rate. Nonstaff Hospital Corps personnel shall be entered after staff personnel by classes according to duty status; for example, "Patients," "Passengers," etc. The names in each group shall be arranged alphabetically with surnames first. The following instructions apply to individual groups and classes:

(a) *Officers*.—Enter duty or duties assigned and the original date of reporting.

(b) *Enlisted Staff Hospital Corps Personnel*.—Enter those remaining on board at the end of the period reported.

(c) *Patients*.—Enter those remaining on board at the end of the period reported. Staff Hospital Corps personnel who are patients shall not be listed under this heading.

(d) *Passengers*.—Enter those on board at the end of the period reported, giving ships or stations to which ordered.

(e) *Temporary Duty*.—Enter and give date and ship or station from which received.

(f) *Under Instruction*.—Enter only those placed under instruction by orders of the Bureau of Naval Personnel, giving courses, and dates of commencement and completion of courses.

## PT. V, CH. 1. REPORTS

518.4. The following instructions apply to preparation of the numbered columns on the reverse side of NAVMED-HC-4:

COLUMN I.—Names, grouped by ranks or rates, with names of each group in alphabetical order. The surname shall precede, followed by the Christian name in full, and the middle initial or initials. If two or more in a group have the same surname, the name of each person in the group shall be entered without any abbreviations.

COLUMN II.—In addition to entering the rank or rate in abbreviated form, indicate retired, Fleet Reserve, or Naval Reserve personnel by Ret., FR, or NR. The class of such personnel also shall be entered.

COLUMN III.—The original date of reporting shall be shown by figures.

COLUMN IV.—For entries in this column, sea duty shall begin upon date of reporting to a U. S. naval vessel or foreign shore station; shore duty shall begin upon date of first reporting for duty, or for those attached from sea duty, upon the date of detachment from sea duty. Entries shall be made in figures. When an individual has extended his enlistment or has reenlisted under continuous service, the date entered shall be the actual date of commencement of sea or shore duty, not the date of reenlisting or beginning of extension of enlistment.

COLUMN V.—The present detail shall be shown as "Ward," "Clerical," "Material Officer," "Laboratory," "X-ray," "Dental Clinic," "Pharmacy," "On Sick List (give diagnosis)," "On Leave (give expiration date)," "Confined," "Awaiting Transfer to . . . . . (to apply to all Hospital Corps personnel whose orders have been received, but who have not been transferred as of date of report)," "Temporary Duty at . . . . .," etc. In addition, "Limited Duty Ashore" shall also be recorded when appropriate.

COLUMN VI.—If technician, give abbreviated designation.

## 519

NAVMED-HF-1 (Admission or Discharge of Officer).—519.1. NAVMED-HF-1 (Admission or Discharge of Officer) shall be prepared in duplicate (in triplicate for medical and dental officers or when patient is received from or discharged to an activity located outside the continental United States) by the medical officer in command immediately upon the admission or discharge of any naval or Marine Corps officer to or from hospitalization at any naval hospital or special hospital under the following circumstances:

(a) When the officer reports in compliance with written orders issued by the Chief of Naval Personnel, the Commandant of the Marine Corps, or any fleet, force, or area commander;

(b) All other officers, when the estimated length of hospitalization at time of admission will be seven days or more; or when the length of hospitalization of an officer at time of discharge has been seven days or more.

One copy shall be forwarded to the Bureau of Naval Personnel or Commandant of the Marine Corps, as appropriate, one copy shall be sent to the fleet, force, or area commander if the patient is received from or discharged to an activity outside the continental United States, and one copy shall be retained for the hospital files. In making reports on medical and dental officers, also forward a copy directly to the Bureau of Medicine and Surgery.

519.2. NAVMED-HF-1 shall be prepared in accordance with instructions on the form.

## 5110

NAVMED-HF-10 (Daily Personnel Report).—The personnel officer of each hospital and hospital ship shall submit to the medical

## SECTION III. LETTERED FORMS

officer in command each day a properly prepared NAVMED-HF-10 (Daily Personnel Report). No instructions are necessary for the preparation of NAVMED-HF-10.

## 5111

**NAVMED-I (Weekly Report of Patients).**—Each hospital (including naval, special, fleet, base, and other types), each other shore-based naval medical activity having an authorized capacity of 25 or more beds, each hospital ship, and each hospital transport shall forward NAVMED-I (Weekly Report of Patients) direct to the Bureau not later than Friday of each week for the week ending the preceding Wednesday at midnight. The report shall be forwarded even though there have been no admissions, discharges, or changes in diagnoses during the period covered. An additional report shall be submitted as of midnight 31 December. Instructions for the preparation of NAVMED-I are printed on the reverse side of the form.

## 5112

**NAVMED-K (Report of Dental Operations and Treatment).**—

5112.1. The dental officer of each activity shall prepare and submit NAVMED-K (Report of Dental Operations and Treatment), in duplicate, to the Bureau via official channels as soon as possible after the end of each month.

5112.2. A separate NAVMED-K shall be prepared and submitted, in duplicate, for treatment of Veterans Administration personnel. The report shall be marked "Veterans Administration" above the heading "Report of Dental Operations and Treatment" and over the signature of the dental officer. The same procedure shall be followed for treatment of Coast Guard personnel, except that the NAVMED-K shall be marked "Coast Guard."

5112.3. A letter report supplementary to NAVMED-K entitled "Dental Treatment—Foreign Military Personnel" shall be prepared and submitted to the Bureau for treatment of all United Nations personnel eligible for dental care under paragraph 4162.2. The report shall consist of a separate list for each country. The name, rank or rate, dates, and treatment shall be recorded for each person treated during the month. Those who are hospitalized at the time treatment is given shall be designated as "Hospital In-patients." For simplicity and brevity, all treatment, regardless of its detailed nature, shall be recorded within the following classifications: (a) Restoration; (b) extraction; (c) surgery; (d) treatment. Details are not required.

*Example:*

<i>Dental Treatment—Foreign Military Personnel (country)</i>			
(Name)	(Rank or rate)	Treatment—postoperative	(Date)
"	"	Restoration—silicate (1)*	"
"	"	Extraction (1)*	"
"	"	Surgery—cystectomy	"

\* The numbers refer to the number of restorations, etc., not to location.

## PT. V, CH. 1. REPORTS

5112.4. Whenever dental treatment, not officially authorized, is undertaken for humanitarian reasons, a detailed statement of all the facts pertaining to each case shall be attached to the NAVMED-K (par. 1325.1).

5112.5. The statistics tabulated shall be substantiated by the records required in paragraph 1336.5.

5112.6. The "Case Statistics" section is restricted to the number of new conditions treated during the month. Whenever treatment is continued from one month to the next, a "Case Statistics" entry shall be made only for the month during which treatment was initiated. If a patient is treated for two or more conditions, an entry shall be made for each condition.

5112.7. Under the "Examinations" section, the figure entered after "Oral Diagnosis" shall indicate the total number of patients examined during the month. This figure shall include those for whom records are prepared and those for whom special examinations or consultations are given.

5112.8. Each activity shall make entries under the "Prosthetic Cases Summary" section. An activity which does not have prosthetic facilities and refers a patient requiring prosthesis to a prosthetic activity shall, when treatment is completed, report the case on the first line under "Prosthetic Cases Summary." The caption for the line shall be modified in such cases to read "Referred Patients Whose Treatment Was Completed." The entry for "Patients Awaiting Treatment at End of Month" shall include the number of individuals awaiting prosthetic treatment at the end of the month for whom the dental officer is professionally responsible.

5112.9. Under the "Treatment Summary" section, the entry for "Total Sitzings (Visits)" shall denote the number of individual sittings occurring during the month, including examination and post-operative sittings.

5112.10. The entry for "Requiring Treatment of Those Examined" shall be interpreted as meaning the patients who were examined during the month and found to be in need of treatment.

5112.11. "Receiving Treatment" shall include all partially completed, essentially completed, and completed cases treated during the month.

5112.12. "Essential Treatment Completed" is defined as the correction of all gross dental defects to such an extent that the necessity for additional dental treatment may not be expected for six or more months. Patients having received treatment to the extent specified in the preceding sentence shall be reported under "Essential Treatment Completed."

5112.13. "All Treatment Completed" is defined as the correction of all dental deficiencies possible by operative and surgical treatments and the restoration of any loss of masticatory function by dental prosthesis authorized by this Manual (par. 1329) and current directives. Patients receiving treatment to this extent shall be reported under "All Treatment Completed." Patients having received both "Essential Treatment Completed" and "All Treatment Completed" shall be reported under both classifications.

## SECTION III. LETTERED FORMS

5112.14. Entries under the "Remarks" section shall include comments relative to conditions or circumstances occurring during the month which have affected the dental service. Examples are: (a) One dental officer—5 days' leave; (b) dental office being renovated—10 days; (c) dental treatment provided for destroyer crew—30 men treated. Any other remarks which the dental officer deems pertinent may be included.

## 5113

**NAVMED-P (Report of Surgical Operations).**—5113.1. NAVMED-P (Report of Surgical Operations) shall be prepared and submitted to the Bureau annually by ships, other than hospital ships, and quarterly by all other medical activities, including hospital ships. The report shall be forwarded within 10 days after the end of the period covered by the report. A copy shall be retained in the files of the transmitting office.

5113.2. NAVMED-P shall consist of three parts. The first part shall include operations performed on all personnel of the active list of the Navy and Marine Corps; the second shall include operations performed on Veterans Administration patients; the third shall include operations performed on all supernumeraries other than Veterans Administration patients.

5113.3. Operations shall be listed according to the titles given in the Nomenclature of Surgical Operations (Part II, Chapter 3). When the Nomenclature of Surgical Operations requires a statement of "part," "method," "type," etc., each subgroup shall be considered as a separate title and listed on a separate line of the report.

5113.4. In preparing NAVMED-P, the title of each operation performed during the period covered shall be entered in the first column. Opposite the title the number of operations shall be entered in the designated columns according to the anesthetics used. The total operations of the title shall be entered in the second column. When several operations have been performed on the same patient for distinct conditions, each operation shall be tallied separately; for example, hernia, repair of; varicocele, repair of; and hydrocele, repair of. Even if performed under one general anesthetic, the operations shall appear in the tabulation as distinct operations.

5113.5. Operations performed by dental officers or under the auspices of dental officers shall not be reported on NAVMED-P, but shall be reported on NAVMED-K.

## 5114

**NAVMED-Q (Clinical Chart).**—NAVMED-Q (Clinical Chart) shall be used in each case in which it is considered by the medical officer to be advisable. In a hospital or on board a hospital ship, the completed form shall be filed as a part of the individual's case record.

## 5115

**NAVMED-X (Recruiting Statistics) and NAVMED-Xa (Recruiting File Record).**—5115.1. NAVMED-Xa (Recruiting File Rec-

## PT. V, CH. 1. REPORTS

ord) shall be prepared in accordance with the instructions printed thereon for each applicant examined for original enlistment or reenlistment, whether accepted or rejected, and shall be used for preparing NAVMED-X. NAVMED-Xa shall be retained in the files of the ship or station (par. 2112.2).

5115.2. NAVMED-X (Recruiting Statistics), prepared from NAVMED-Xa, shall be submitted annually as of 31 December by each Naval and Marine Corps activity, or whenever a ship or station is placed out of commission, or a recruiting station is closed. The original shall be forwarded promptly to the Bureau and the duplicate placed in the files of the transmitting office.

5115.3. Each central recruiting station shall include in its report the substations and traveling parties under its jurisdiction. The medical officer of a ship, station, or yard making an examination for a ship or station to which no medical officer is attached shall include such examination in his report.

5115.4. If no application for enlistment has been received, the report shall be forwarded with an entry to that effect.

5115.5. The "Total Applicants" and "Total Enlisted" shall be obtained from the recruiting officer.

5115.6. "Rejected by the Medical Officer" shall include only those rejected by the medical officer as physically disqualified. Applicants rejected by the recruiting officer because of lack of service requirements, such as alien, illiterate, under age, etc., shall not be included.

5115.7. The number of rejections by principal causes shall be entered on the form in the space provided, using the terms of the Diagnostic Nomenclature (Part II, Chapter 3). The total rejections by principal causes shall agree with the number rejected by the medical officer.

## 5116

NAVMED-Y (Report of Physical Examination) and NAVMED-AV-1 (Report of Physical Examination for Flying).—5116.1. Reports of physical examinations except special physical examinations pertaining to aviation shall be submitted to the Bureau on NAVMED-Y (Report of Physical Examination).

5116.2. All physical examinations pertaining to aviation shall be submitted to the Bureau on NAVMED-AV-1 (Report of Physical Examination for Flying).

5116.3. Information relative to the data to be entered on NAVMED-Y and NAVMED-AV-1 may be obtained from Part II, Chapter 1, of this Manual.

## SECTION IV. NUMBERED FORMS

	Paragraph
NAVMED-70 (Patient's Identity Tag) .....	5117
NAVMED-102 (Report of Neuropsychiatric Patients) .....	5118
NAVMED-103 (Hospital Bed Capacity—Quarterly Report) .....	5119
NAVMED-171 (Venereal Disease Contact Report) .....	5120
NAVMED-210 (Emergency Medical Tag) .....	5121
NAVMED-439 (Low Pressure Chamber Flight Log) and NAVMED-440 (Altitude Training Unit Monthly Report) .....	5122

## SECTION IV. NUMBERED FORMS

NAVMED-589 (Monthly Report of Night Vision Training) .....	5123
NAVMED-590 (Combined Report of Enlisted Hospital Corps Personnel) ..	5124
NAVMED-601 (Report of Burial) .....	5125
NAVMED-609 (Report of Disposition and Expenditures—Remains of Dead) .....	5126
NAVMED-621 (Penicillin Therapy Report—Early and Latent Syphilis), NAVMED-622 (Spinal Fluid Test Report), and NAVMED- 623 (Monthly Kahn Test Report) .....	5127
NAVMED-734 (Civil Readjustment Report Progress Card) .....	5128
NAVMED-872 (Physical Capacity Appraisal Form) and NAVMED-873 (Counseling Record) .....	5129

## 5117

**NAVMED-70 (Patient's Identity Tag).—5117.1.** NAVMED-70 (Patient's Identity Tag) shall be prepared and attached to each patient being transported by ship, train, or aircraft whenever a draft of patients is moved. NAVMED-70 is divided into five sections with the serial number of the tag printed on each section. The sections are (a) Patient's Identity Tag, (b) Debarkation Tab, (c) Record Office Tab, (d) Embarkation Tab, and (e) Baggage Check.

**5117.2.** The following classification of patients shall be used in preparing NAVMED-70:

**CLASS 1A—STRICT MENTAL:** A major psychotic patient requiring locked ward accommodations while in transit and at destination, and requiring special attendance.

**CLASS 1B—SECURITY MENTAL:** A patient requiring locked ward accommodations while in transit.

**CLASS 1C—OPEN WARD MENTAL:** A mental patient requiring no more accommodations than a patient in class 3 or 4 below.

**CLASS 2—HOSPITAL LITTER PATIENT.**

**CLASS 3—HOSPITAL AMBULANT:** A patient who is ambulant but requires medical service.

**CLASS 4—TROOP CLASS (AMBULANT):** A patient who requires no hospital care in transit.

**5117.3.** NAVMED-70 shall be attached to the patient at the time of embarkation. The diagnosis shall not be entered on the tag of a patient with a neuropsychiatric disturbance or a venereal disease. The Baggage Check shall be attached to one piece of the patient's baggage and each additional item shall be identified with the patient's name, rank or rate, file or service number, and the number of his Baggage Check. The Embarkation Tab shall be detached by the embarking activity for use in checking the patient embarking. After the patient boards the ship, train, or aircraft, the Record Office Tab shall be detached and filed for record purposes. The Debarkation Tab shall be detached at the point of debarkation.

## 5118

**NAVMED-102 (Report of Neuropsychiatric Patients).—**The medical officer in command at each naval hospital and special hospital within the continental limits of the United States shall submit NAVMED-102 (Report of Neuropsychiatric Patients) to the Bureau before the tenth of each month. No instructions are necessary for the preparation of NAVMED-102.

## PT. V, CH. 1. REPORTS

## 5119

**NAVMED-103 (Hospital Bed Capacity—Quarterly Report).**—The medical officer in command of each naval hospital and special hospital shall submit NAVMED-103 (Hospital Bed Capacity—Quarterly Report) to the Bureau at the end of each quarter. NAVMED-103 shall be prepared in accordance with instructions on the reverse side of the form.

## 5120

**NAVMED-171 (Venereal Disease Contact Report).**—5120.1. NAVMED-171 (Venereal Disease Contact Report) shall be prepared, in accordance with instructions on the reverse side of the form, each time an individual is taken up on the sick list with a venereal disease following a new exposure to such disease. The serial number of each NAVMED-171 prepared for each A (NEW ADMISSION) shall be entered under "Remarks" on NAVMED-Fa.

5120.2. In the submission of NAVMED-171, medical officers shall be guided by the instructions on the reverse side of the form.

## 5121

**NAVMED-210 (Emergency Medical Tag).**—5121.1. NAVMED-210 (Emergency Medical Tag) is a record of the admission, treatment, and disposition of a patient, including death, for use during combat or other emergency conditions under which it is impracticable to prepare the forms normally prescribed. When necessary, NAVMED-210 may temporarily serve as (a) NAVMED-Fa (Individual Statistical Report of Patient), (b) NAVMED-H-8 (Medical History), (c) NAVMED-G (Hospital Ticket) or NAVMED-416 (Hospital Ticket—Women), and (d) NAVMED-N (Certificate of Death). NAVMED-210 shall never be considered as a substitute, however, when the above forms are available.

5121.2. Instructions for the preparation of NAVMED-210 are printed on the form.

## 5122

**NAVMED-439 (Low Pressure Chamber Flight Log) and NAVMED-440 (Altitude Training Unit Monthly Report).**—5122.1. NAVMED-439 (Low Pressure Chamber Flight Log) shall be prepared for each flight in a low pressure chamber, including any special flight for experimental purposes. All NAVMED-439's prepared during a month shall be submitted at the end of the calendar month to the Bureau as enclosures with NAVMED-440 (par. 5122.2). The rough log, from which NAVMED-439 is prepared, containing the name, key letter, and file or service number of each passenger, shall be retained by the altitude training unit as a permanent record.

5122.2. NAVMED-440 (Altitude Training Unit Monthly Report) shall be prepared in duplicate at the end of the calendar month by each altitude training unit as a summary of its activities. The report shall be forwarded, with the NAVMED-439 enclosures (par. 5122.1),

## SECTION IV. NUMBERED FORMS

to the Bureau before the tenth of the month following the period covered.

5123

**NAVMED-589 (Monthly Report of Night Vision Training).—**The medical officer of each naval air station designated by the Chief of Naval Operations for night vision training shall submit NAVMED-589 (Monthly Report of Night Vision Training) to the Bureau monthly in accordance with instructions on the form. No instructions are necessary for the preparation of NAVMED-589.

5124

**NAVMED-590 (Combined Report of Enlisted Hospital Corps Personnel).—**Each district medical officer within the continental United States and each staff medical officer designated by the Bureau shall prepare and submit NAVMED-590 (Combined Report of Enlisted Hospital Corps Personnel) to the Bureau not later than the close of office hours on Saturday of each week. The original and two copies shall be forwarded via air mail, except that the First, Third, Fourth, Fifth, and Sixth Naval Districts and the Potomac and Severn River Commands shall use regular mail. No instructions are necessary for the preparation of NAVMED-590.

5125

**NAVMED-601 (Report of Burial).—**NAVMED-601 (Report of Burial) shall be submitted, in triplicate, to the Bureau by the officer in charge of burial in each case of burial at sea, or burial or reburial ashore beyond the continental limits of the United States, including Alaska. An additional copy shall be forwarded for a deceased person of a foreign nation. The report shall be prepared in accordance with instructions on the form.

5126

**NAVMED-609 (Report of Disposition and Expenditures—Remains of Dead).—**NAVMED-609 (Report of Disposition and Expenditures—Remains of Dead) shall be prepared and submitted to the Bureau by each activity in the continental United States at which the death of an individual of the Navy or Marine Corps occurs, and by each activity which receives the remains for any purpose. The report shall be submitted even though no expenses are incurred by the activity. Outside the continental United States NAVMED-609 shall be submitted under all conditions except those in which (a) NAVMED-601 (par. 5125) is forwarded and (b) no expenses are incurred by the activity.

5127

**NAVMED-621 (Penicillin Therapy Report—Early and Latent Syphilis), NAVMED-622 (Spinal Fluid Test Report), and NAV-**

## PT. V, CH. 1. REPORTS

**MED-623 (Monthly Kahn Test Report).**—The medical officer shall make three reports to the Bureau on each case of syphilis treated by penicillin. The reports are NAVMED-621 (Penicillin Therapy Report—Early and Latent Syphilis), NAVMED-622 (Spinal Fluid Test Report), and NAVMED-623 (Monthly Kahn Test Report). No instructions are necessary for the preparation of the reports. NAVMED-621 shall be prepared and forwarded upon completion of treatment. NAVMED-623 shall be prepared and forwarded monthly for one year following completion of treatment. NAVMED-622 shall be prepared and forwarded between the third and sixth months after completion of treatment.

5128

**NAVMED-734 (Civil Readjustment Report Progress Card).**—5128.1. NAVMED-734 (Civil Readjustment Report Progress Card) shall be prepared at a Medical Department activity by the civil readjustment officer for each person who is to be (a) discharged or separated from the naval service, (b) retired or transferred to inactive status, or (c) transferred to the Fleet Reserve or Fleet Marine Corps Reserve. NAVMED-734 also shall be prepared for a person who is to be partially processed for discharge or separation at one medical activity and is to be transferred to another activity for completion of the processing. NAVMED-734 shall be kept in a separate file for at least three months. At any time thereafter, when the card is deemed to be no longer of immediate value, it shall be filed in the dischargee's case record jacket.

5128.2. In preparing NAVMED-734, "FR" shall be recorded on line 3 for an individual who is to be transferred to the Fleet Reserve or Fleet Marine Corps Reserve. The entry on line 4 (Address to Which Dischargee Is Going) need not be the same as the entry on line 2 (Permanent Home Address). The code number for entry on line 13 (Discharge Code) may be obtained from the *Manual of Information for the Administration of the Civil Readjustment Program*. Otherwise no instructions are necessary for the preparation of NAVMED-734.

5129

**NAVMED-872 (Physical Capacity Appraisal Form) and NAVMED-873 (Counseling Record).**—5129.1. NAVMED-872 (Physical Capacity Appraisal Form) shall be prepared in duplicate by the ward medical officer of a naval hospital or naval special hospital as soon as it is determined that a naval, Marine Corps, or Coast Guard patient under his care will be brought before a board of medical survey with a view to separation from the service. In preparing NAVMED-872, the officer shall be guided by the instructions on the form. The completed NAVMED-872 shall be delivered to the educational services officer of the hospital. Upon receiving NAVMED-872, the educational services officer shall assist the patient to develop occupational and educational plans for civilian life. In providing assistance the officer shall be guided by the procedure outlined in NAVMED-888 (*Manual of Educational and*

## SECTION V. REPORTS SUBMITTED BY LETTER

*Vocational Counseling for Use in Rehabilitation Program of the Medical Department, U. S. Navy*). After completion of the counseling procedure, NAVMED-872 shall be disposed of as follows:

(a) For naval personnel, the original shall be delivered to the civil readjustment officer for use in the final interview and for delivery to the patient at the time of separation from the service.

(b) For Marine Corps and Coast Guard personnel, the original shall be delivered to the Marine Corps or Coast Guard representative, if one is attached to the hospital, or it shall be forwarded to the station from which the patient will be separated from the service.

(c) The copy shall be filed in the case record jacket of the patient.

5129.2. NAVMED-873 (Counseling Record) shall be prepared in duplicate by the educational services officer of a naval hospital or naval special hospital for each patient who is to be separated from the service. If the physical capacities of the patient will enable him to perform all the duties of the job which he intends to accept upon separation, the educational services officer shall make entries only on the first two lines of the form and in the "Counselee's Objective and Plan" section. For all others, the form shall be prepared in full. No instructions are necessary for the preparation of NAVMED-873. NAVMED-873 shall be disposed of in the same manner as NAVMED-872 (par. 5129.1).

## SECTION V. REPORTS SUBMITTED BY LETTER

	Paragraph
Annual Dental Report .....	5130
Assignment and Housing of Hospital Corps .....	5131
Map or Blueprint of Cemetery .....	5132
Monthly Industrial Health Report .....	5133
Monthly Prosthetic Appliances Report .....	5134
Monthly Venereal Disease Control Report .....	5135
Recommendation for Hospital Corps Specialty Training .....	5136
Rehabilitation Program Progress Report .....	5137
Report of Burial Overseas .....	5138
Report of Casualties .....	5139
Reports of Night Vision Tests .....	5140
Report of Pension Claims Outstanding .....	5141
Report of Psychiatric Unit .....	5142
Report on Cases of Asphyxia .....	5143
Weekly Dispatch Report of Patient Bed Capacities and Patient Census..	5144

## 5130

**Annual Dental Report.**—5130.1. The dental officer of each ship or station having dental facilities shall submit to the Bureau as soon as practicable after the end of the calendar year an Annual Dental Report, describing the activity's dental progress during the period reported. The report shall be submitted, in duplicate, via official channels.

5130.2. The following outline is a guide for the basic information which shall be included in the report. Any additional data which the dental officer considers helpful to a complete understanding of the activity's dental accomplishments and problems shall be included.

PT. V, CH. 1. REPORTS

The outline:

ANNUAL DENTAL REPORT

OF

U. S. .... (ship or station) for the year ending 31 December 19.....

A. Describe the command to which the dental clinic is attached, comment on its principal functions, and state its average monthly complement for the period included in the report. State whether any increases or decreases are planned for the current year.

B. Describe the dental clinic, its location, its layout, the number of operating units available, and the prosthetic facilities, if any. Indicate whether any structural changes were effected during the year reported; whether any are planned for the current year.

C. State the number of dental officers, Hospital Corps officers, and enlisted technicians attached at the end of the year. Comment on any increases or decreases in the authorized complement which may have occurred during the period reported.

D. Give a general description of the dental health of personnel attached to the activity. Comment on any noteworthy professional problems met during the year.

E. Comment on the adequacy or inadequacy of available supplies and equipment. If any criticism is offered, specify the stock number, the trade name, and the manufacturer of the item discussed. Comment on special problems or noteworthy adaptations, if any, in regard to supplies and equipment.

F. Give a brief description of the dental organization relative to the administrative methods and accounting and appointment systems. A sample of each local clerical form in use should be forwarded as an enclosure.

G. Give historical data, if any, considered to be of interest.

H.

Stock No.	No. on hand	Manufacturer	Date received	Book value	Present condition	Probable date of replacement
5-100						
5-370						
6-080						
6-245						
6-250						
12-100						
12-110						
12-550						
12-1370						
S12-190						
NL12-						
14-305						
14-360						
14-380						
14-505						
14-515						

Substitute appropriate stock number if of different current or capacity.

List each item over \$50.00 in value on separate line.

Class 11, Expenditures during period of this report	\$
Estimated requirements for next fiscal year	\$
Class 12, Book Value (except above listed items)	\$
Estimated replacement cost (except above listed items) for the next fiscal year	\$

I. Recommendations by the dental officer.

----- (DC), USN

## SECTION V. REPORTS SUBMITTED BY LETTER

## 5131

**Assignment and Housing of Hospital Corps.**—The medical officer in command of each naval hospital and special hospital shall submit to the Bureau as of the last day of each month a letter report on Assignment and Housing of Hospital Corps. The report shall contain the following information:

## A. HOSPITAL CORPS WAVES:

1. Maximum housing accommodations.
2. Total enlisted staff Hospital Corps WAVES.
3. Total enlisted Hospital Corps WAVES under indoctrination training (not included in staff complement).
4. Total enlisted Hospital Corps WAVES under technical instruction (not included in staff complement).
5. Total housing available and not assigned.

## B. HOSPITAL CORPSMEN:

1. Maximum housing accommodations.
2. Total enlisted staff hospital corpsmen.
3. Total enlisted hospital corpsmen under indoctrination training (not included in staff complement).
4. Total enlisted hospital corpsmen under technical instruction (not included in staff complement).
5. Total housing available and not assigned.

## 5132

**Map or Blueprint of Cemetery.**—Upon opening a Navy, Marine Corps, or Coast Guard cemetery beyond the continental limits of the United States, including Alaska, the officer in charge shall forward to the Bureau in triplicate a map or blueprint of the cemetery. The map or blueprint shall show the location of each grave, including graves in which no burials have been made. The graves shall be numbered consecutively. The name and grave number of each person buried to the date the map or blueprint is prepared shall be recorded and space shall be provided for registering, at the Bureau, the names of persons buried subsequently. Reference also should be made to paragraph 5125.

## 5133

**Monthly Industrial Health Report.**—5133.1. The medical officer of each ship yard and of each other activity specified by the Bureau shall prepare and submit to the Bureau as of the last day of each month a Monthly Industrial Health Report (par. 12D6). The report shall be forwarded not later than the tenth day of the month following the period covered.

5133.2. The report shall consist of three parts as outlined below. Parts "A" and "B" comprise the narrative section and Part "C" is composed of NAVMED-576 (Industrial Health Report Data Sheet). The outline for the report follows:

MONTHLY INDUSTRIAL HEALTH REPORT  
OF THE

.....  
for the month of .....

**A. OCCUPATIONAL HEALTH EXPOSURES OF CIVILIAN OR ENLISTED PERSONNEL.**—Give a brief but comprehensive discussion and evaluation of occupational health exposures during the month which have caused new admissions to the dispen-

## PT. V, CH. 1. REPORTS

sary, contributed to production inefficiency, or which appear to be of special interest.

**B. INVESTIGATION OF OCCUPATIONAL HEALTH EXPOSURES.**—Give a brief summary, including descriptive and laboratory data, of occupational health exposures and working conditions investigated. Include the recommendations made for control of each exposure.

**C. STATISTICAL DATA PERTINENT TO OCCUPATIONAL HEALTH PROGRAM.**—Attach properly prepared NAVMED-576. (For preparation, NAVMED-576 is self-explanatory.)

## 5134

**Monthly Prosthetic Appliances Report.**—Each Medical Department activity performing prosthetic replacements of any description, exclusive of dental prosthesis, shall, on the first day of each month, submit to the Prosthetic Appliances Board, National Naval Medical Center, Bethesda, Maryland, a Prosthetic Appliances Report. The report shall include: (a) Name, rank or rate, and file or service number of any person involved in any change in officer or enlisted personnel in the prosthetic laboratory (excluding dental prosthesis personnel changes); (b) any change in laboratory facilities; (c) any changes in the technique of preparing any appliances; (d) description of any new technique or materials used; (e) discussion of any work regarding which information is desired; (f) number of patients and nature of work completed since last report; (g) other remarks pertinent to prosthetic work.

## 5135

**Monthly Venereal Disease Control Report.**—Each district medical officer and river command senior medical officer shall submit to the Bureau as of the last day of each month a Monthly Venereal Disease Control Report. The report shall be forwarded not later than the fifteenth day of the month following the period covered. The report shall be in narrative form and the following topics shall be used as a guide:

- (a) New admission rates.
- (b) Education.
- (c) Contact investigation.
- (d) Liaison with other agencies.
- (e) Prophylaxis.
- (f) Treatment.
- (g) General remarks, observations, etc., considered to be of interest to the Bureau.
- (h) Recommendations.

## 5136

**Recommendation for Hospital Corps Specialty Training.**—The medical officer shall submit to the district commandant or administrative command on the fifteenth day of each month a list of Hospital Corps enlisted personnel he recommends for special training. The names shall be listed alphabetically by rating. Opposite each name there shall be recorded the title of the course for which the in-

## SECTION V. REPORTS SUBMITTED BY LETTER

dividual is recommended. Reference also should be made to paragraph 157.

5137

**Rehabilitation Program Progress Report.**—The medical officer in command of each naval hospital and special hospital within the continental limits of the United States shall submit to the Bureau at the end of each quarter a Rehabilitation Program Progress Report in letter form. The report shall be confined to changes, developments, and interesting incidents relative to the rehabilitation program at the activity. Available photographs which illustrate information contained in the report should be attached.

5138

**Report of Burial Overseas.**—5138.1. The officer in charge of a Navy, Marine Corps, or Coast Guard cemetery beyond the continental limits of the United States, including Alaska, shall, at the end of each month, submit to the Bureau in duplicate a Report of Burial Overseas in letter form. The report shall include the name and location of the cemetery and the following information concerning each body buried: (a) Full name; (b) file or service number (if known); (c) rank or rate; (d) organization; (e) date of burial; (f) plot, row, and grave number. Unidentified remains shall be reported as unidentified, and assigned consecutive numbers with the prefix "X"; that is, X-1, X-2, X-3, etc. The "X" number shall be used in all correspondence relative to burial of unidentified remains. Reference also should be made to paragraphs 5125 and 5132.

5138.2. Whenever jurisdiction over such a cemetery is transferred to the Army the naval officer in charge before such transfer shall notify the Bureau.

5139

**Report of Casualties.**—A Report of Casualties in letter form shall be submitted to the Bureau by the medical officer after any catastrophe or disaster (including enemy action) in which there is serious injury or loss of life sustained by a number of personnel. The original shall be forwarded immediately to the Bureau and a copy sent to the commanding officer or senior officer present. When appropriate, a copy shall be forwarded to the fleet commander (par. 12C57). The report shall state the date, place, nature, and cause of the casualty; the name in full (surname first); rank or rate; file or service number; diagnosis as required by the Diagnostic Nomenclature; the prognosis (fatal, probably fatal, serious, favorable); and disposition (died, retained on board, transferred). If an individual is transferred as a patient, the place to which he is transferred shall be stated. Each case shall be separated from the preceding case by a line.

5140

**Reports of Night Vision Tests.**—5140.1. Each activity equipped with a radium plaque adaptometer for testing night vision shall

## PT. V, CH. 1. REPORTS

forward to the district radium plaque adaptometer officer at the end of each month all radium plaque adaptometer test score cards prepared during the month.

5140.2. Each activity equipped with a radium plaque adaptometer shall forward, at the end of each month, three copies of the Report of Night Vision Tests to the radium plaque adaptometer officer at the district or command.

5140.3. Each district or command radium plaque adaptometer officer shall forward each month one copy of each Report of Night Vision Tests to the Bureau and one copy to the command or district commandant.

5140.4. A Monthly Statistical Summary of Night Vision Tests shall be forwarded to the Bureau as soon as practicable after the end of each month by (a) the district medical officer of each naval district with the exception of the tenth and seventeenth districts; (b) the fleet medical officer attached to the staff of the Commander in Chief, Pacific; and (c) the medical officer attached to the staff of the Commander, Service Forces, Subordinate Command, Atlantic. The summary report shall show, by separate activities:

- (a) Total number of tests performed during preceding month.
- (b) Total number of failures.
- (c) Percentage of failures.
- (d) Whenever possible, a brief explanation in the event an activity shows a percentage of failures below 5 per cent or above 25 per cent.

## 5141

**Report of Pension Claims Outstanding.**—Whenever an enlisted person of the Navy or Marine Corps, except a marine who is separated from the service through a separation company, is discharged from service with a physical disability and applies for a pension at the time of discharge, the pension claim shall be forwarded by a naval hospital or special hospital in an eastern or central state in order to reach the proper Veterans Administration area office within seven days after the individual's discharge. A naval hospital or special hospital in a western state shall forward the claim in order to reach the area office within 10 days after the discharge. Each naval hospital and special hospital in the continental United States shall forward to the Bureau on the last day of each month a Report of Pension Claims Outstanding. The report shall show the number of pension claims which have not been forwarded within the time limits specified above. It shall include the patient's name and rate and the reason for delay in the preparation and forwarding of the claim.

## 5142

**Report of Psychiatric Unit.**—The Report of Psychiatric Unit shall be submitted weekly to the Bureau by the medical officer of each naval training center. The report shall include the following items: (a) Number of incoming recruits; (b) number of recruits received for each day of the week; (c) whether all incoming recruits were examined by a psychiatrist; (d) number of recruits examined by a

## SECTION V. REPORTS SUBMITTED BY LETTER

psychiatrist; (e) number of recruits examined by a psychologist; (f) number of recruits suspected of neuropsychiatric handicaps; (g) number of recruits held for observation following examination upon arrival; (h) number of recruits subsequently referred for examination or observation; (i) number of recruits transferred for discharge by reason of inaptitude; (j) number of recruits transferred to a hospital for medical survey; (k) average number of days required to dispose of recruits listed under item (i); (l) list the diagnosis and number in each category of recruits sent to hospital for medical survey by reason of psychiatric or neurologic conditions (total should agree with total under item (j)); (m) remarks (note any unusual conditions in the work and how they were handled; note any modifications in tests or methods of examination).

5143

**Report on Cases of Asphyxia.**—The Report on Cases of Asphyxia Requiring Resuscitative Measures shall be submitted to the Bureau for each case of asphyxia requiring treatment. The report shall be prepared locally as follows:

U. S. Ship or Station.....  
(Specify).....

Age.....

Patient's Name..... Sex.....

(a) Cause of Asphyxia or Anoxia (encircle one number):

- |                    |                                      |
|--------------------|--------------------------------------|
| 1. Immersion       | 6. Anesthesia.....<br>(Specify Type) |
| 2. Electric Shock  | 7. Cardiac                           |
| 3. Injury—Thoracic | 8. Drugs.....<br>(Specify Drug)      |
| 4. Injury—Head     | 9. Toxic Gas.....<br>(Specify Gas)   |
| 5. Suffocation     | 10. Miscellaneous.....<br>Specify    |
| 11. Undetermined   |                                      |

(b) Elapsed Time (estimate):

- From beginning of asphyxia or anoxia to time of rescue:.....  
minutes
- From time of rescue to application of resuscitative measures:.....  
minutes

(c) Condition of patient at time of rescue:

- Were mouth and airways clear?
- Was patient breathing when first observed?..... If yes, was breathing  
.....Gasp; .....Shallow; .....Rapid;  
Weak? If no, was there rhythmic motion of edges of nostrils?.....
- Pulse palpable or heart beat detectable?
- Color of skin (red), (pale), (bluish).

(d) Resuscitative measures:

- List type of resuscitative measure, giving (if more than one) order in which used and length of time used.

## PT. V, CH. 1. REPORTS

Type (specify)*	By whom administered <sup>1</sup>	Time used		Remarks
		Hrs	Mins.	
(a)				
(b)				
(c)				
(d)				

\* Manual, state method; mechanical, specify type.

<sup>1</sup> E.g., hospital corpsmen, medical officers, etc.

2. Total time resuscitative measures continued.....Hrs.....Mins.

3. If spontaneous breathing began:

(A) Was it supplemented with:

(1) Oxygen?.....If yes, estimate duration:.....minutes.

(2) Aid to chest movements by:

(a) Manual methods?.....If yes, estimate duration:.....mins.

(b) Mechanical methods?.....If yes, estimate duration:.....minutes.

(B) Time from start of artificial respiration to first spontaneous respiratory effort:.....Hrs.....Mins.

4. Reason for discontinuing resuscitative measures.

(e) Condition of patient following recovery:

1. Complications or sequelae?.....If yes, specify:.....

2. Length of time on sick list:.....days.

(f) Critical comments on method(s) used, including any suggestions for improvement of resuscitative techniques.

(g) Give brief chronological narrative of incident.

.....Sig.  
 .....Rank  
 .....Date

5144

**Weekly Dispatch Report of Patient Bed Capacities and Patient Census.**—5144.1. The medical officer in command of each naval hospital and special hospital in the United States and in the fourteenth naval district shall submit to the Bureau on Thursday of each week a Weekly Dispatch Report of Patient Bed Capacities and Patient Census. The report shall cover the week ending at the preceding midnight. A copy of the report shall be forwarded to the district medical officer.

5144.2. The report shall be divided into (a) bed capacity and (b) patient census. The bed capacity section shall show the number of beds for officers, for enlisted male personnel, and for enlisted female personnel in the surgical service, in the medical service, and in the neuropsychiatric service. It shall also show the number of beds for dependents, and the total of beds for all persons. The patient census

## SECTION VI. MISCELLANEOUS FORMS

section shall show the number of beds occupied by officers, by enlisted male personnel, and by enlisted female personnel in the surgical service, in the medical service, and in the neuropsychiatric service. The numbers reported shall include naval and Marine Corps personnel admitted as supernumerary patients. The census section also shall show the number of beds occupied by dependents, and the total of beds occupied by all patients.

## SECTION VI. MISCELLANEOUS FORMS

	Paragraph
ACRO Form B (Monthly Report of Discharged Naval Personnel) .....	5145
S. and A. Form 534 (Hospital Ration Notice) .....	5146
War Department O. Q. M. G. Form No. 623 (Application for Headstones) .....	5147

## 5145

**ACRO Form B (Monthly Report of Discharged Naval Personnel).**—The medical officer in command of each naval hospital and naval special hospital within the continental limits of the United States shall submit a copy of ACRO Form B (Monthly Report of Discharged Naval Personnel) to the Bureau. ACRO Form B is prepared monthly by the civil readjustment officer at the activity for submission to the district civil readjustment officer.

## 5146

**S. and A. Form 534 (Hospital Ration Notice).**—The following instructions apply to the preparation of S. and A. Form 534:

5146.1. The value of one ration per day shall be deducted from the accounts of each naval or Marine Corps officer, including an officer of the Navy Nurse Corps drawing a subsistence allowance, during such time as he or she is a patient in a naval hospital. The amount deducted shall be credited to the current Medical Department appropriation by the disbursing officer on whose books such an officer is carried.

5146.2. S. and A. Form 534 shall be prepared in triplicate and forwarded in accordance with the table below within 48 hours after (a) the admission of a naval or Marine Corps officer, including an officer of the Navy Nurse Corps drawing a subsistence allowance, to a naval hospital; and (b) discharge of a naval or Marine Corps officer, including an officer of the Navy Nurse Corps drawing a subsistence allowance, from a naval hospital, or when subsistence terminates. The S. and A. Form 534 executed for discharge in the case of deceased personnel shall bear the word **DECEASED** immediately after the rank.

5146.3. If an individual of any class listed in the table in paragraph 5146.5, the expenses of whom are borne by the Navy, is admitted to a hospital other than a hospital of the Navy, S. and A. Form 534 shall be forwarded by the Bureau and not by the local activity (Act of Jan. 19, 1929, ch. 85, 45 *Stat.* 1090).

## PT. V, CH. 1. REPORTS

5146.4. S. and A. Form 534 is not required for an enlisted person admitted to a naval hospital for treatment or for rations, nor for an enlisted person retired with officer rank under the provisions of the Act of May 7, 1932 (47 *Stat.* 150). For the listing of enlisted personnel retired with officer rank reference should be made to *Register of Commissioned and Warrant Officers of the United States Navy and Marine Corps*.

5146.5. The following table shows the officer to whom S. and A. Form 534 should be forwarded:

Class of Patient	To Whom Forwarded	References
Officer, Navy or Marine Corps, and Midshipman.	Disbursing officer carrying accounts.	Art. 1320-11, BuSandA Manual; Sec. 4812, <i>Rev. Stat.</i>
Officer, Naval Reserve or Marine Corps Reserve on active duty.	Disbursing officer carrying accounts.	Art. 1320-11, BuSandA Manual; Sec. 4812, <i>Rev. Stat.</i>
Officer, Navy, retired, inactive, not admitted as Veterans Administration patient.	BuSandA, Field Branch (Master Accounts Division) Cleveland, Ohio.	Art. 2150-1 (b), BuSandA Manual; Sec. 4812, <i>Rev. Stat.</i>
Officer, Marine Corps, retired, inactive, not admitted as Veterans Administration patient.	The Paymaster, U. S. Marine Corps, Navy Department, Washington, D. C.	Sec. 4812, <i>Rev. Stat.</i>
Nurse, retired, inactive, not admitted as Veterans Administration patient.	BuSandA, Field Branch (Master Accounts Division), Cleveland, Ohio.	Art. 1320-11, BuSandA Manual; Art. 2142-9 (h), BuSandA Manual; Sec. 4812, <i>Rev. Stat.</i>

## 5147

War Department O. Q. M. G. Form No. 623 (Application for Headstones).—War Department O. Q. M. G. Form No. 623 (Application for Headstones) shall be prepared and forwarded in accordance with the instructions on the form. The blank forms may be obtained from the Office of the Quartermaster General, Memorial Division, Washington 25, D. C.

## PART VI

### FINANCE AND PROPERTY

Publication of Part VI "Finance and Property" has been held in abeyance pending completion of changes in the fiscal organization of the Navy Department.

Until such time as revised regulations concerning Medical Department Finance and Property can be issued, Chapter 20 of the *Manual of the Medical Department* (1938) will remain in effect except wherever modified or supplemented by subsequent directives. Directives in effect through October 1, 1945, will be found in the *Bulletin of Medicine and Surgery Circular Letters*, 1945.



# INDEX

## A

### A (NEW ADMISSION):

Definition and usage of term, 233.1  
Desertion status, cases, 233.1 (d), 2310

EPTE cases, 233.1 (c), 239

Injury cases:

Method of reporting, 2311.1  
More than one diagnosis from same violence, 233.6 (c)

NAVMED-582, reporting of certain cases, 35D3.6 (a)

New and independent occurrence of same diagnosis, 233.2

Personnel temporarily away from command, 237.3

Poisoning cases, 2311.1

Sequelae, 233.3 (c), (d)

Venereal disease cases:

Complications, 2317.2 (b), (c)  
NAVMED-F entry, Line 12, 236.3  
NAVMED-H-6 entry, 2241  
NAVMED-171 serial number, entry on NAVMED-Fa, 5120.1

**ABANDON SHIP**, duties of medical department in connection with, 12C40

### ABBREVIATIONS:

on Identification records, personal identification entries, 2249.7 (p), (q), (r)

for Methods of taking up, 232

on NAVMED-F:

for Aviation status, 2312  
for Methods of disposition, 234

on NAVMED-H-4:

Combinations, examples of, 2231.5  
List, 2231.4

Where entered, 2229.2

on NAVMED-H-8, for methods of disposition, 234

on NAVMED-HC-3, Lines 9 and 10, 517.5

### ABDOMEN:

*See also* **GASTRO-INTESTINAL SYSTEM**

Examination for disease, 2173

Observation for uncinariasis and malaria, 2174

Standards for enlistment or appointment, 2175

### ABSENCE:

due to Alcoholic liquors or habit-forming drugs, procedure, 3216

due to Misconduct, forfeiture of pay, 323.1, 3217

Naval hospital personnel, requests of, 16A17.4

Without leave:

not Absence due to misconduct, 3216.3

### ABSENCE.—Continued

Without leave.—Continued

Disability incurred, not in line of duty, 3221 (c), 3224

Naval hospital patients, collection of belongings, etc., 16A34.8

**ABSTRACT OF MEDICAL HISTORY.** *See* NAVMED-H-5.

**ABSTRACT OF SERVICE.** *See* NAVMED-H-5.

### ACCIDENTS:

Aircraft accident defined, 2314.1 (a)

Diving, reports on, 12E53.2

Poisoning, warnings to be given of danger, 12B22.7

Prevention:

*See also* **HAZARDS**

Educational measures, 12B5.1

Ship inspection by fleet medical officer, 12C4.1 (c)

during use of Submarine escape appliance, instruction of personnel, 12E49.1

Submarine duty, reports on, 12E53.2  
to Teeth, entry on NAVMED-H-4, 2229.2

### ACCOMMODATION OF EYES:

Affecting conditions, 21157.4

Standards:

for Aviation personnel (general), 21157.4

for Combat aircrew personnel, 21141.2 (f) (4)

Table of mean values, 21157.4

Test, 21157.1-21157.3

### ACD (ADMITTED CONTRIBUTORY DISABILITY):

Complications (general), change in diagnosis, 235.2 (a)

Definition and usage of term, 233.3

Intervening disabilities while on leave as a patient, 237.14 (b)

NAVMED-F, Line 10, instructions, 236.3

Poisoning cases, 2319

Sequela, change in diagnosis, 235.2 (b)

Venereal disease cases:

Complications, 2317.2 (a), (b)  
NAVMED-H-6, opening of, 2241

### ACRO FORM B (MONTHLY REPORT OF DISCHARGED NAVAL PERSONNEL):

Submission, etc., 5145

in Tabulation of Reports, 513

**ACT TESTS**, not for naval aviation observers (navigation), 21141.2 (b)

### ACTING ASSISTANT SURGEON:

*See also* **MEDICAL CORPS**—Appointment

**ACTING ASSISTANT SURGEON. AGE.**—*Continued*—*Continued*

Professional examinations, 12A11.2

Qualifications, 12A6.2

Statutory provision for, 12A4.2

**ACTION REPORT**, dispatch requirement in Tabulation of Reports, 513**AD (ADDITIONAL DIAGNOSIS):**

Concurrent diagnosis changed to, 235.2 (e)

Convalescent leave cases:

AD, C, T, and FT procedure, 237.17

General, 235.2 (g)

Definition and usage of term, 233.6

FS cases, 233.7 (a)

Intercurrent diagnosis changed to, 235.2 (f)

Intervening disabilities while on leave as a patient, 237.14 (b)

Intervening disabilities while on sick or convalescent leave, 237.13 (a), (b)

Venereal disease cases, opening of NAVMED-H-6, 2241

**ADENITIS, CERVICAL**, significance, 2155**ADMISSION OR DISCHARGE OF OFFICER, REPORT ON.** *See* NAVMED-HF-1.**ADMISSION TO SICK LIST.** *See* TAKING UP ON SICK LIST.**ADMITTED CONTRIBUTORY DISABILITY.** *See* ACD (ADMITTED CONTRIBUTORY DISABILITY).**ADVANCED BASE ORGANIZATION:**

Definition, 12E54

G-Components, 12E55

Hospital, types of, 12E56

Publications giving information concerning, 12E58

Staff medical officer, 12E57

Training of personnel, 12E58

**ADVANCEMENT IN RANK.** *See* PROMOTIONS.**AEROGRAPHER'S MATE**, special physical requirements (for women), 21131**AERONAUTICS.** *See* AVIATION.**AEROSOL INSECTICIDE**, use of, 35C16.2, 35C17.1**AFRICAN GRAYS** (birds), quarantine declaration certificate, 35C10**AGE:**

Assistant surgeons and acting assistant surgeons, limits for appointment, 12A6.1, 12A6.2

for Deep-sea diving, limits, 12E52.3, 21134.2 (a), (n), 21134.3

for Dental Corps appointments:

False certificate, disqualifications for, 1314

Limits, 133

for Motor torpedo boat training and duty, limits, 21135.2 (a)

Naval Reserve Nurse Corps, limits for appointment, 145.3 (a) (1)

Nurse Corps, limits for appointment, 145.2 (b)

Reenlistment, without regard to limits, 2120

**AGGRAVATION BY SERVICE.** 3319.8**AIR CONDITIONING:**

Diving service, duties of, 12E47.1 of Ships, Annual Sanitary Report, 35D12 (A) (3)

of Submarines, duties of medical officers, 12E47.1, 12E48.1

**AIR PRESSURE**, duties of medical officers detailed to submarine or diving duty, 12E47**AIR TRANSPORTATION.** *See* AVIATION.**ALASKA:**

Disinsectization of aircraft arriving from, limitation on requirement, 35C16.4

a Domestic possession for purposes of quarantine of ships, 35C9.2

Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2

**ALBUMINURIA**, as cause for rejection, 2179, 21104.9**ALCOHOL:***See also* **ALCOHOLIC LIQUORS** in Naval hospitals:

Executive officer's duties, 16A18.3

Pharmacy officer's duties, 1516.1

Ward medical officer's duties, 16A28.1

Restrictions on use, 12B22.9

at Shore stations, regulations, 12D19

**ALCOHOLIC LIQUORS:**

Acceptance for medical purposes, approval of Bureau required, 12B22.1

Custody, duties of medical officers (general), 12E22

in Dental officer's custody, 1333.5

Disability due to intemperate use:

Absence, procedure, 323.1, 323.2, 3216

Chronic alcoholism, medical survey reports, procedure, 3318.3 (j) (2)

Completion of enlistment, after absence, 323.2

Entries on Health Record, 3211, 3212

**ALCOHOLIC LIQUORS.—Cont.**

Disability due to intemperate use.—*Continued*

Misconduct status defined, 324, 3217

Pay forfeited during absence, 323.1

Reports, 3212

What constitutes intemperate use, 3211

Excessive use:

*See also* **INTEMPERATE HABITS; INTOXICATION**

Report on, 3213

Files of Medical Department activities to show purposes for which used, 12B22.9

Issuance to ships and planes without medical officers, 12B22.2

in Naval hospitals, duties of Nurse Corps officers, 16A34.6

Restrictions on use, 12B22.9

**ALCOHOLISM (CHRONIC).** *See*

**ALCOHOLIC LIQUORS**—Disability due to intemperate use.

**ALKALOIDAL POISONS:**

Custody, etc.:

in General, 12B22.3

on Ship, 12C15

Labels, 12B22.4

**ALLOTMENT EXPENDITURES AND OBLIGATIONS, REPORT OF.** *See* **NAVMED-B.**

**ALLOWANCES.** *See* **PAY AND ALLOWANCES.**

**ALTITUDE TRAINING** (aviation personnel), **NAVMED-H-9** entry, 2240.2 (a)

**ALTITUDE TRAINING UNIT MONTHLY REPORT.** *See* **NAVMED-440.**

**AMALGAM SCRAP,** 1333.7

**AMAZONS** (birds), quarantine declaration certificate, 35C10

**AMBULANCE SERVICE:**

for Civil employees, 4127

District medical officer's duties, 12D2.7

Maintenance officer's duties, 1514.4

**AMENORRHEA,** as cause for rejection, 21101

**AMERICAN MEDICAL ASSOCIATION,** council on medical education and hospitals, naval hospital interns' assignments to meet requirements, 16A10.2 (c)

**AMERICAN OPTICAL COMPANY CHARTS,** 2125.1–2125.3, 21127, 21135.2 (d), 21159

**AMERICAN RED CROSS.** *See* **RED CROSS (AMERICAN).**

**AMPHIBIOUS OPERATIONS,** medical service in, 12E1–12E18

**AMPUTATIONS:**

Entries on Identification Record and **NAVMED-H-2**, 2249.7 (m)

Hospitals designated for special treatment of amputees, 16B15

**ANAL REGION:**

Examination, 2176

Standards, 2177

**ANAPHYLAXIS,** not reported as poisoning, 2319

**ANCHORAGES,** location of, avoidance of insect-borne disease areas, 35A10.3 (b), (c)

**ANEMIA:**

Examination of skin for, 2143

Observation when symptoms are present, 2174

**ANIMALS AND THEIR PRODUCTS:**

Air transportation:

Care during flight, 35C15.3

Certification as to freedom from disease, 35C15.4

Disposition of bedding, dejecta, etc., 35C15.3

Passengers on planes to be informed of regulations, 35C14.2 (a)

Pathogenic cultures or tissues, 35C15.5

Pathogenic organisms, animals infested with, 35C15.2, 35C15.3, 35C15.5

Permits required to cross national boundaries, 35C15.1, 35C15.2

Pilot's declaration, 35C14.2 (f)

Sedative drugs, administration of, 35C15.3

Shipper's responsibility, 35C15.3

Ship's quarantine, 35C12

**ANNUAL DENTAL REPORT,** 5130

**ANNUAL SANITARY REPORT.**

*See* **SANITARY REPORTS**—from Ships.

**ANNUAL SYPHILIS REPORT.** *See* **NAVMED-A.**

**ANTHRAX,** subject to quarantine, 35C2

**ANTIAIRCRAFT GUNNERS:**

Physical examination, 21125.1

Vision standards, 21125.4

**ANTILUETIC TREATMENT, ABSTRACT OF.** *See* **NAVMED-H-7.**

**APPLICATION FOR HOSPITALIZATION OR DOMICILIARY CARE.** *See* **VA FORM P-10.**

**APPOINTMENT:**

Civil employees. *See* **CIVIL EMPLOYEES**—Appointment

to Dental Corps. *See* **DENTAL CORPS**—Appointments

Dental Record, requirement, 2227.1

**APPOINTMENT.**—*Continued*

Dental treatment of prospective applicants, 1328.9

from Enlisted to officer grade, dental examinations, 1326.3

Health Record, opening of, 223.1

to Medical Corps. *See* **MEDICAL CORPS**—Appointments

Medical survey requirement in certain cases, 3311.2

Naval Reserve Nurse Corps, 145.3

to Nurse Corps. *See* **NURSE CORPS**—Appointments

Nurse Corps Reserve, officers in regular service, Health Record, 2213

**Physical examination:**

Blood pressure reading required, 2164

General instructions, 216

prior to Mental and professional examination, 211.1

for Temporary appointment, 2111.1, 2111.2

**Physical standards:**

Abdominal conditions, 2175

Application of standards, 2114, 2118.1, 2118.2

Chest (general), 2160

Chest measurement and expansion, 2137, 2141

Color perception, 2125.3

Ears, 2132.1, 2132.3

Extremities, 2186

Eyes, 2125.3, 2126

Face, 2147

Genito-urinary system, 2184

Head, 2146

Hearing acuity, 2132.1

Heart, 2171

Lungs, 2163

Neurological standards, 2189

Perineum and pelvis, 2177

Physical proportions, 2137, 2141

Skin, 2144

Spine, 2158

Syphilis as disqualification, 2183

Teeth, 2151

for Temporary appointment, 2111.1, 2111.2

Visual acuity, 2126

Psychiatric standards, 2193

**APTITUDE BOARDS:**

Composition, 21119.3

Functions, 21119.2, 21119.4

Reports, in Tabulation of Reports, 513

Type of discharge given on approved report, 21119.5

**ARLINGTON NATIONAL CEMETERY:**

Burials in, 3430

**ARLINGTON NATIONAL CEMETERY.**—*Continued*

Days and hours when interment will not be made, 3430 (d)

Funeral services, arrangement for, 3430 (e)

Interments, regulations, 3430 (b), (c), (d)

Transportation of the dead to, 3430

**ARMS:**

Examination of, 2185

Exercises, 2138.2

Standards for enlistment or appointment, 2186

**ARMY:**

Dental facilities, treatment of Navy personnel, 312.2

Dental treatment in naval facilities:

Aviation cadets, 4142.2

Enlisted personnel, active list, 4143.2

Officers, active list, 4142.2

Hospitalization in naval facilities:

Aviation cadets, 4142.1

Citizens' Military Training Corps, 4146

Discharge to duty, 2252.3

Enlisted personnel, active list, 4143.1

Medical history, identification records, handling of, 2252

NAVMED—Fa's, forwarding of, 236.2 (c)

Officers, active list, 4142.1

Overseas personnel, 4164

Reciprocal hospitalization, 319

Reserve Officers Training Corps, 4145

Retired personnel, 4144

Taking up, procedure, 2252.1

Transfer of patients, procedure, 2252.2

**Hospitals:**

Admissions to, 16B4.1, 16B34.1

Reciprocal hospitalization of Army, Navy, and Coast Guard personnel, 319

Subsistence charges for retired officers and Fleet Reserve, how defrayed, 16B34.2

Transfers to, 237.15

Identification records. *See* **IDENTIFICATION RECORDS**—Army personnel

Intelligence reports (medical), 35D13.1 (e)

Medical History sheets. *See* **NAV-MED-H-8**—Army personnel

Out-patient treatment at naval facilities, overseas personnel, 4164

Personnel transported in naval aircraft, quarantine regulations, 35C14.2 (c)

**ARMY.—Continued**

Quarantine regulations in wartime,  
liaison with Navy, 35C5.3

**ARMY AND NAVY GENERAL HOSPITAL:**

Administration, 16B7

Admissions:

Active duty personnel, 16B8

Ex-service personnel, 16B10

Inactive duty personnel, 16B9

Papers required, 16B11

Establishment, 16B5

Function, 16B7

Organization, 16B6

**ARSENICAL REACTIONS, REPORT OF, 35D4.2****ARTICLES ON PROFESSIONAL SUBJECTS BY MEDICAL OFFICERS, 12B23****ARTIFICIAL EYES. See EYES—**  
Artificial eyes.**ARTIFICIAL LIMBS. See PROSTHETIC APPLIANCES.****ARTIFICIAL RESPIRATION, submarine personnel, instruction of, 12E49.1****ARUBA, disinsectization of aircraft arriving from, limitation on requirement, 35C16.4****ASPHYXIA CASES, REPORT OF, 513, 5143****ASSIGNMENT AND HOUSING OF HOSPITAL CORPS, letter report, 513, 5131****ASSISTANT SURGEON:**

*See also* MEDICAL CORPS—Appointments

Postgraduate course, 12A16

Professional examination, 12A11.1

Qualifications, 12A6.1

**ASTIGMATISM (MYOPIC), as cause for rejection of Naval Academy candidates, 2128****ATHLETICS:**

Medical officers to make recommendations, 12B4.1

in Naval hospitals:

Facilities, arrangements for, duties of executive officer, 16A17.5

Provisions for, by medical officer in command, 16A43.2

**ATMOSPHERIC HAZARDS, instruction of submarine personnel, 12E49.1****AUDIO-VISUAL AIDS UNIT, Naval Medical School, 16C13****AUDIO-VISUAL MATERIALS, at naval hospitals, procurement and custody, 16A25.2****AUDITORY ACUITY. See HEARING, ACUITY OF.****AUTOPSY, when required, recording of results, 3415****AVIATION:**

Accident (aircraft), defined, 2314.1 (a)

Aeronautic duty, specialty letter R, 2314.1 (a), 2314.2

Aircraft "being operated as such," when so considered, 2314.1 (a)

Air lines (U.S.), officers and crews, hospitalization, etc., outside U.S., 4164.1

Disinsectization of aircraft. *See* DISINSECTIZATION — of Aircraft

Hazards, classification, p. 312

Launching and recovery of airplanes, 12C36

Quarantine relative to aircraft. *See* QUARANTINE — Relative to aircraft

Transportation of animals by air. *See* ANIMALS AND THEIR PRODUCTS — Air transportation

Transportation of the sick and wounded by air:

Bureau responsibility for programs, 12E46.1

Patients in the fleet, 12E46.3

Patients within continental limits, 12E46.2

Rheumatic fever patients, 16B22.2

**AVIATION MEDICAL ABSTRACT. See NAVMED-H-9.****AVIATION MEDICAL EXAMINERS:**

Assignments:

to Naval hospitals, for refresher training, 12E40.2

Types of command, 12E40.2

Duties and responsibilities:

Emergency care of casualties, 12E45

General, 12E40.1

Physical standards, 21141.2 (e)

**AVIATION PERSONNEL:**

Abbreviations for NAVMED-F's, 2312

Altitude training, entry on NAVMED-H-9, 2240.2 (a)

Army aviation cadets. *See* ARMY

—Aviation cadets

Aviation electrician's mate, special physical requirements, 21130

Aviation observers:

Physical examinations, 21141.2

Physical standards, 21141.2 (a), (b), (c), (d)

Aviators and aviation pilots, color perception standards for candidates for training, 2125.3

Cadets:

IS cases, 235.4

Special physical examination (general statement), 2119

**AVIATION PERSONNEL.—Cont.****Cadets.—Continued**

- Visual acuity standards, 2126.4
- Entries on Line 3, NAVMED-F, 236.3
- Machinist's mate, special physical requirements, 21130, 21131
- Medical Abstract (Aviation). *See* NAVMED-H-9
- Night vision training, entry on NAVMED-H-9, 2240.2 (b)
- Ordnanceman, special physical requirements, 21130

**Physical examination:**

- Annual examination, 21104.1, 21104.2, 21104.4, 21104.14, 21143

Applicants for training required to pass, 21139.2

Applicants not near ship, etc., where examination for flying can be made, 21139.2

Blood pressure, 21149.4 (d)

Class 1 (in actual control of aircraft), 21138.2, 21141.1, 21142.3, 21143, 21148

Class 2 (not in actual control of aircraft), 21138.3, 21141.2, 21143

Classification of personnel requiring examination, 21138

Disqualified individuals, 21146.2

Ears, 21163

Equilibrium, 21165

Examiners, 21145

Eyes, 21150-21162.2

Failure of pilot to meet his service group requirement, 21140.3

Findings, as finally recorded, 21149.5

Flight examination prior to transfer for overseas duty, 21108

Flight surgeon's examination of aviators or pilots after finding of fitness by medical survey board, 3323

Heart, 21149.4 (d)

Naso-pharynx, 21164

Naval Reserve pilots, 21139.3

Nervous system, 21149.4 (g)

Neuropsychiatric examinations, 21149.4 (f)

Object of examination, 21137 for Pilot training, 21139.2, 21139.3

Preliminary examination, 21138.5

Pulse rate, 21149.4 (d)

Records, 21146-21148, 21149.5

Reexamination for physical incapacity, 21142

Reports (*See also* NAVMED-AV-1), 21141.2, 21143

**AVIATION PERSONNEL.—Cont.****Physical examination.—Continued**

Restrictions on duty until physically qualified, 21139.1

for Return to flight duty after illness, etc., 21146.3

Six months (maximum) before application for training, 21139.2

Special examination (general statement), 2119

Summary on NAVMED-H-9, 2240.2 (d)

Temporary certification of candidate, 21139.4

Where made, 21144

**Physical fitness:**

Medical survey board's finding of fitness of aviator or pilot, subsequent examination, 3323

Recommendations of flight surgeons, 12E44

Responsibilities of flight surgeons and aviation medical examiners, 12E40.1

**Physical standards:**

Blood pressure, 21141.1 (c) (5), 21149.4 (d)

Chest, 21149.4 (b)

Class 1 (in actual control of aircraft), 21141.1, 21149.2

Class 2 (not in actual control of aircraft), 21141.2

Disqualifying diseases, 21149.3

Ears, 21163

Eyes, 2125.3, 2126.4, 21150-21162

General provisions, 21139-21145, 21149.1

Heart, 21149.4 (c)

Height, 21149.4 (a)

Naso-pharynx, 21164

Nervous system, 21141.2 (a), (c), (f) (6), (h)

Physical proportions, 21149.4 (a)

Pilots, service groups, 21140

Relief from duty for physical incapacity, 21142.2

Service Group I, 21141.1 (a)

Service Group II, 21141.1 (b)

Service Group III, 21141.1 (c)

Special requirements for specified ratings, 21130

Teeth, 21149.4 (e)

Weight, 21149.4 (a)

Women, certain duties, 21131

**Pilots, service groups:**

Physical requirements, 21141

Policies in re, 21140

Psychiatric examination, 21149.4 (f)

**Psychiatric standards:**

for Personnel in control of aircraft, 21149.2

**AVIATION PERSONNEL.**—*Cont.*

- Psychiatric standards.—*Continued*  
 for Personnel not in control of  
 aircraft, 21141.2 (a), (c),  
 (f) (6), (g)  
 Psychological tests, 21137, 21149.2  
 Radioman, special physical require-  
 ments, 21130  
 Study by flight surgeon, 12E43  
 Suspension from flying:  
   NAVMED-H-9 entry, 2240.2 (c)  
   upon Recommendation of flight  
   surgeon, 12E43, 21142.2

**AVIATION SERVICE:**

- Commands to which flight surgeons  
 and aviation medical examiners  
 are assigned, 12E40.2  
 Emergency care of casualties, 12E45  
 Flight surgeon assignments, 12E41,  
 12E42  
 Recommendations and reports by  
 flight surgeon, 12E44  
 Responsibilities of flight surgeons  
 and aviation medical examiners  
 (general), 12E40.1  
 at Shore stations, flight surgeon  
 assignments, 12E41  
 Squadrons (or units):  
   Flight surgeons assigned to,  
   12E42  
   NAVMED-F's, 237.6  
 Study of flight conditions and per-  
 sonnel, duties of flight surgeon,  
 12E43  
 Transportation of sick and wounded  
 by air:  
   Bureau responsibility for pro-  
   grams, 12E46.1  
   Patients in the fleet, 12E46.3  
   Patients within continental  
   limits, 12E46.2  
   Rheumatic fever patients,  
   16B22.2

**AVIATION SQUADRONS (OR  
UNITS):**

- Flight surgeons assigned to, 12E42  
 NAVMED-F's, 237.6

**B****BACTERIAL CULTURES**, aircraft  
pilot's declaration, 35C14.2 (f)**BAGGAGE CHECK**, Patient's Identi-  
tity Tag, 5117.1, 5117.3**BAGGAGE ON NAVAL AIR-  
CRAFT**, inspection (quarantine),  
35C13**BAHAMA ISLANDS:**

- Disinsectization of aircraft arriv-  
 ing from, limitation on require-  
 ments, 35C16.4  
 Domestic territory for purposes of  
 quarantine, 35C9.2

**BAHAMA ISLANDS.**—*Continued*

- Naval aircraft passengers depart-  
 ing from, quarantine regulations  
 inapplicable to, 35C14.2

**BAKERS** (women), special physical  
requirements, 21131**BARANY CHAIR TEST** (equilib-  
rium), 21165.1**BARBER SHOPS:**

- Annual Sanitary Report, 35D12  
 (A) (6)  
 Sanitary inspection by fleet medical  
 officer, 12C4.1 (c)

**BARRACKS**, sanitary standards,  
35A15**BASE HOSPITALS, CASE REC-  
ORDS.** *See* HOSPITALS—Case rec-  
ords.**BATHING FACILITIES:**

- in Barracks, requirements, 35A15.3  
 in Berthing spaces afloat, inspec-  
 tion, 35A14  
 in Naval hospitals, requirement,  
 35A16.2  
 Quarterly Sanitary Report, shore  
 stations and hospitals, 35D9 (C)  
 on Ships:  
   Annual Sanitary Report, 35D12  
   (A) (4)  
   Inspection by fleet medical offi-  
   cer, 12C4.1 (c)

**BATTLE**, final preparation for, 12C52**BATTLE-DRESSING STATIONS:**

- Chaplain's duties, 12C53.2  
 Dental officers to be assigned to,  
 12C54  
 Distribution of supplies, etc., to,  
 duties of medical officer of ship,  
 12C30  
 First-aid supplies, 12C46  
 Lavatory, 12C48.2  
 Light, 12C49  
 Location, 12C45.1  
 Medical equipment containers,  
 12C46.1  
 Medical facilities available, coordi-  
 nation with other preparations  
 for battle, 12C34  
 Medical stores, 12C47  
 Routes to be marked, 12C51  
 Sterilizing equipment, 12C45.2,  
 12C50  
 Surgical equipment, 12C45.2  
 Water supply, 12C48

**BATTLE PLANS**, duties of fleet medi-  
cal officer, 12C8**BATTLE STATIONS:**

- Annual Sanitary Report from ships,  
 35D12 (E) (4)  
 Bills for general quarters, duties  
 of fleet medical officers, 12C4.1  
 (d)  
 Condition **I**. General Quarters,  
 12C31

**BATTLE STATIONS.—Continued**

Condition II, 12C32

Condition III, 12C33

First-aid supplies, duties of fleet medical officer, 12C4.1 (d)

**BED CAPACITIES:**Hospital, Quarterly Report of. *See* NAVMED-103

Report of Patient Bed Capacities and Patient Census, 5144

**BEDDING:**Cleanliness of patients' bedding, duties of medical officers, 12B2  
on Ships, inspection regulations, 35A14

on Submarines, inspection by medical officer, 12E48.1

**BEDS:**

in Naval barracks, size and spacing, 35A15.2

in Naval hospitals, size and spacing, 35A16.1

**BENEDICT TEST** (for sugar in urine), 21104.9**BENEFICIARY SLIP**, Nurse Corps, preparation of, 1433**BERMUDA:**

Disinsectization of aircraft arriving from, limitation on requirement, 35C16.4

Domestic territory for purposes of quarantine, 35C9.2

**BERTHING SPACES AFLOAT:**

Annual Sanitary Report from ships, 35D12 (A) (2)

Sanitary standards, 35A14

**BETHESDA (MARYLAND) MEDICAL CENTER.** *See* NATIONAL NAVAL MEDICAL CENTER.**BICHLORIDE OF MERCURY SOLUTIONS**, tinting, 12B22.6**BICHLORIDE OF MERCURY TABLETS**, how issued, 12B21.2**BILLS APPLICABLE TO MEDICAL DEPARTMENT**, posting, etc., 12C29.2**BINNACLE LIST:***See also* NAVMED-S

Additions to, 12C17.2, 12C17.3

Approval by commanding officer, 12C17.2

Dental patients, placing on, 1328.10

Not alternative for No Disease entry, 2316.5 (a)

Object of, 12C17.3

**BIRDS:**

Air transportation across national boundaries, permits, 35C15.1, 35C15.2

Psittacine birds. *See* PSITTACINE BIRDS

Quarantine Declaration—Aircraft, 35C14.2 (f)

**BIRTHS:**

Date and place:

Recording of on NAVMED-F, 236.3

Recording of on NAVMED-H-1, 222.2

Recording of on NAVMED-H-2, 222.2, 2216.4

Recording of on NAVMED-H-8, 222.2, 2221.4, 2246.3, 2252.1

in Naval hospitals, reports to local civil authorities, 16A8.4

Report of:

Instructions, 16A8.4

in Tabulation of Reports, 513

**B. I. TESTS**, not for naval aviation observers (navigation), 21141.2 (b)**BLINDNESS:**

Bilateral blindness, when considered to exist, for purposes of special hospital treatment, 16B16.1

Hospitals designated for specialized treatment, 16B16

Unilateral, requiring artificial eye, hospitals designated for specialized treatment, 16B20

**BLOOD, DISEASES OF**, classification, p. 279**BLOOD GROUP:**

Entry on NAVMED-H-3a, 2237.2

on Identification tag, 2250

**BLOOD PRESSURE:**

Albumin in urine and high blood pressure, 2179

Annual examination of commissioned and warrant officers, 21104.7

Consideration of, 2166

Exercise test, 2165

Method of taking, aviation personnel, 21149.4 (d)

Naval Academy candidates, recording of readings, 2115.2

Obesity, disqualifying, as evidenced by high pressure, 2140.3

Readings, requirement, 2164

Recording in examination for permanent promotion, 21109.1

Standards:

for Aviation personnel:

Class 1, Service Group III, 21141.1 (c) (5)

General, 21149.4 (d)

for Combat aircrew personnel, 21141.2 (f) (3)

for Deep-sea diving duty, 21134.2 (1)

Mean performance basis for acceptance or rejection, 213

Naval Academy candidates, 2172

for Submarine service, 21133.2 (h)

**BLOOD SUBSTITUTES**, administration, instruction of pharmacist's mates attached to submarines, 12E49.2

**BLOOD TRANSFUSIONS**, for dependents of naval personnel, 416.4

**BLOOD VESSELS:**

*See also* **CIRCULATORY SYSTEM; HEART**

Examination, 2164

**BOARD OF MEDICAL SURVEY.**  
*See* **MEDICAL SURVEY.**

**BOATSWAIN'S MATE**, special physical requirements, 21130.

**BRACES**, for civil employees, 4126

**BRAIN TUMORS**, hospitals designated for surgical treatment, 16B19

**BREAST**, conditions which are causes for rejection (women), 21101

**BREATH:**

Holding of, standards for deep-sea diving duty, 21134.2 (g)

Offensive breath as cause for exclusion from submarine service, 21133.2 (k)

**BRIGS:**

of Naval hospitals, duties of Nurse Corps officers re patients confined, 16A34.8

Sanitary conditions, inspection, 35A17

**BRITISH EMBASSY AND MISSION NAVAL PERSONNEL**, hospitalization, 4161

**BRITISH ISLES:**

Disinsectization of aircraft arriving from, limitation on requirement, 35C16.4

Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2

**BUGLERS:**

Enlisted men assigned as, physical requirement, 21132

Teeth, standards for enlistment, 2150.3

**BUREAU OF MEDICINE AND SURGERY:**

Administrative functions, 115

Assistant to Bureau, 111.3

Chart, 117

Chief, 111.3

Functions, 117

Legal authority and responsibility, 111.1

Orders, effect, 111.3

Organization, 117

**BURIAL OF THE DEAD:**

Applications for headstones. *See* **WAR DEPARTMENT O.Q.M.G. FORM 623**

in Combat areas, field service sanitation plan, 35A20.1 (b)

Expenses. *See* **FUNERAL EXPENSES**

**BURIAL OF THE DEAD.—Cont.**

Identification tags, disposition of, 2250

**Overseas:**

in Locality of death, 3419.2, 4130

Report, 5138

Report, in Tabulation of Reports, 513

Permit from civil authority, requirement for removal of body from naval reservation, 3416

Record. *See* **NAVMED-HF-38**

Report of. *See* **NAVMED-601**  
at Sea:

Civilians, 3454

Inactive service personnel, 3454  
When permissible, 3419.3

**BURIAL OVERSEAS, REPORT OF**, 5138

**BURIAL RECORD.** *See* **NAVMED-HF-38.**

**BURNS, EMERGENCY TREATMENT OF**, administration of tetanus toxoid, 35B12.4 (a), (c)

**C**

**C (DIAGNOSIS CHANGED):**

AD cases, 233.6

Chancroid, erroneous diagnosis, 2317.3

Complications, 233.3 (a), (c), 235.2

Concurrent disability, 233.6 (a)

Convalescent leave cases:

C, AD, T, and FT procedure, 237.17

General, 233.6 (d)

DD cases, 235.3

Definition and usage of term, 235.2

Diagnosis Undetermined:

Change from, 238.1

Disposition as, 238.2 (c)

FS cases, 233.7

How taken up with next diagnosis, 235.2

Injury cases, 233.6 (c)

Intercurrent disability, 233.6 (b)

Intervening disabilities:

while on Leave as a patient, 237.14 (b)

while on Sick or convalescent leave, 237.13

**NAVMED-F**, Lines 7 and 9, instructions, 236.3

from No Disease, 2316.5 (c)

to No Disease, 2316.5 (d)

Prompt change to new title, 2316.7

Psychosis, Report of Board of Medical Survey, 3325.2

Reasons for change, 235.2

Sequelae, 233.3 (a), (c), 235.2

**C (DIAGNOSIS CHANGED).—***Continued*

from Undetermined to EC, 233.5,  
235.2 (d)

**CADET NURSES**, medical and hospital care, 4141

**CAMP SITES:**

Insect-borne disease areas, avoidance of, 35A10.3 (b), (c)

Intelligence reports, 35D13.1 (f)

**CANADA:**

Disinsectization of aircraft arriving from, limitation on requirement, 35C16.4

a Domestic country for purposes of quarantine, 35C9.2

Military personnel, medical care, etc., 4167

Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2

**CANAL ZONE:**

a Domestic possession for purposes of quarantine, 35C9.2

Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2

**CANTONMENT HEALTH HAZARDS**, Quarterly Sanitary Report, shore stations and hospitals, 35D9 (D)

**CAPTAIN:**

Dental Corps, professional examination for advancement to rank of, 1320

Medical Corps, professional examination for advancement to rank of, 12A24

**CARDIOVASCULAR SYSTEM.** *See* BLOOD PRESSURE; BLOOD VESSELS; HEART.

**CARE OF THE SICK AND INJURED.** *See* MEDICAL CARE AND TREATMENT.

**CARIBBEAN ISLANDS**, naval aircraft passengers departing from U.S. air bases, quarantine regulations inapplicable to, 35C14.2

**CASE HISTORY**, summary, entry in medical survey report, 3319.10

**CASE RECORDS.** *See* HOSPITALS—Case records.

**CASKETS:**

*See also* DEATHS—Preparation of remains

Requirements, 3422

**CASUALTIES:**

Air transportation. *See* AVIATION—Transportation of the sick and wounded by air

in Aviation service, emergency care, 12E45

Chemical warfare, duties of medical officers, 12B17

**CASUALTIES.—Continued**

Key letter K, for war casualties, 2313

List of, preparation, 12C55

Overflow, on ships, arrangement for, 12C30

Prompt treatment in battle, 12C44

Removal of wounded, etc., from parts of ships:

during Battle, 12C55

Coordination with other preparations for battle, 12C34

General Quarters, 12C31

**Reports:**

*See also* DEATHS—Reports of

after Battle, 12C57

after Catastrophe or disaster, 5139

in Tabulation of Reports, 513

**CEILING HEIGHTS**, in naval hospitals, 35A16.1

**CEMETERIES:**

Maintenance, etc., duties of maintenance officer of hospital, 1514.1

National. *See* ARLINGTON NATIONAL CEMETERY

Outside U.S.:

Map or blueprint, 513, 5132

Report of Burial Overseas, 5138

Transfer of jurisdiction to Army, notification to Bureau, 5138.2

**CERTIFICATES:**

of Character. *See* CHARACTER CERTIFICATES

of Citizenship. *See* CITIZENSHIP REQUIREMENTS

of Death. *See* DEATHS—Certificates of death

of Ill health, etc., unofficial certificates not to be given by medical officer, 12B24

**CERVICAL ADENITIS**, significance, 2155

**CHANCROID**, erroneous diagnosis, 2317.3

**CHANCROIDAL LYMPHADENITIS**, 2317.1

**CHANGE OF DIAGNOSIS.** *See* C (DIAGNOSIS CHANGED).

**CHAPLAINS:**

Duties, 12C53

in Naval hospitals, 16A16.2, 16A47

**CHARACTER CERTIFICATES:**

for Dental Corps appointments:

False certificate, disqualification, 1314

Requirement, 137 (a)

for Medical Corps appointments, requirement, 12A8.1

**CHARTS:**

*See also* TABLES

**CHARTS.—Continued**

- Bureau of Medicine and Surgery organization, 117
- Injury and poisoning cases, 2311.3
- Naval hospital organization, 16A5.2

**CHEMICALS**, labeling, 12B22.4**CHEMICAL WARFARE**, medical officer's duties, 12B17, 12C35**CHEST:**

*See also* **LUNGS; TUBERCULOSIS, PULMONARY**

Conformation, study of, 2159

Measurement:

- Expansion requirement for enlistment, 2140
- Standards, 2137, 2140
- Taking of, 2136

Roentgenographic examination:

- upon Acceptance, in certain cases, 2162
- of Active duty personnel, frequency, 21103.2
- upon Discharge from service, 21103.3
- upon Enlistment, in certain cases, 2162
- Equipment, technique, etc., 21103.4
- for Naval Academy candidates, 2115.2, 21103.1
- for Officer training candidates, 21103.1
- for Original entry into service and for active duty, 2163 (g), 21103.1
- Photofluorographic examination, letter of enclosure with, 513
- Photofluorographic Survey Report. *See* **NAVMED-618**
- Recording and forwarding of results, 21103.6
- Recording of results on **NAVMED-H-8**, 21103, 2225.6
- Reexamination upon finding of abnormal conditions, 21103.5
- upon Release from active duty, 21103.3
- when Required, 21103.1-21103.3
- for **WAVES**, 21100

Standards:

- for Aviation personnel, 21149.4 (b)
- for Enlistment or appointment, 2160

**CHILD**, defined, in connection with dependency, 415.1

**CHOICE OF DIAGNOSTIC TITLES**, 2316**CHOLERA:**

- Control measures, 35B26
- Deaths from Asiatic cholera, disinterment and transportation of remains, 3423 (a), (b)

**CHOLERA.—Continued**

Endemic areas, 35B24.1

Epidemics, special report of, 35D1

Immunization against:

- Booster immunizations, 35B24.3
- Emergency booster immunization, 35B24.4
- Initial immunizations, 35B24.2
- Limitation of immunization, 35B26
- Preservation of vaccine, 35B25
- Requirement (general), 35B24.1

Quarantine:

- Aircraft quarantine regulations applicable to, 35C14.1
- Classification of disease as quarantinable, 35C2
- Communication "not of a type likely to convey infection," instances, 35C8.2
- Incubation period controlling, 35C3
- "Q" flag regulations for vessels with medical officers aboard, 35C8.2, 35C8.3
- "Q" flag regulations for vessels with no medical officers aboard, 35C9.4
- Quarantine declaration certificate, 35C10

**CIRCULATORY SYSTEM:**

*See also* **BLOOD VESSELS; HEART**

Diseases of, pp. 279-280

Standards:

- for Aviation personnel (non-flying), 21141.2 (g)
- for Naval aviation observers, 21141.2 (a), (c)

**CIRCUMSTANCES OF OCCURRENCE**, illustrative chart, 2311.3**CITIZENSHIP REQUIREMENTS:**

- for Civil employees, 426.1
- for Dental Corps appointments, satisfactory evidence required, 137 (b)
- for Medical Corps appointments, satisfactory evidence required, 12A8.2
- for Nurse Corps appointments, 145.2 (b)

**CITIZENS' MILITARY TRAINING CORPS**, hospitalization of members, 4146**CIVIL AUTHORITIES, COOPERATION WITH:**

- in cases of Deaths, 3416
- Duties of medical officers, 12B6
- by Naval hospitals:
  - Birth and death reports, 16A8.4
  - Communicable disease control, 16A8.2, 16A8.3
  - Law observance, etc., 16A8.1

**CIVIL AUTHORITIES, COOPER-  
ATION WITH.**—*Continued*

- re Persons discharged with infec-  
tious diseases, 3329
- re Venereal disease contacts, 5120

**CIVIL COURTS**, furnishing medical  
records for use in, 12B25.3**CIVIL EMPLOYEES:**

Administration, 422, 427–4215

Appointment:

- Duties of labor board, 423.3
- Merit basis, etc., 426.1
- Regulations governing, 426
- Veterans' preference, 424.3

Authority for employment, 421.1

Certificates of ill health, unofficial  
granting of, 12B24.2

Citizenship requirement, 426.1

Claims for compensation for in-  
juries, etc., forms, 4114.2

Classification of positions:

- Duties of civilian personnel  
officer, 428.2
- in Field offices, 428.1
- Responsibility for, 421.1, 421.2,  
428.1

Complaints and grievances, 4218

Conditions of employment, 426

Correspondence relating to, for-  
warding of, etc., 422.4

Deaths:

- Burial at sea, 3454
- Care of remains, etc., 4128–4130
- Funeral expenses. *See* **FU-**

**NERAL EXPENSES**—of  
Civil employees

Reports, 4129, 4130

Transportation of remains,  
4129, 4130

Dental treatment, 4124

Disability examinations, 4165

Discharge from service:

- for Delinquency or misconduct,  
procedure, 4210.3

Labor board's duties, 423.3

Discipline, 4210

Discrimination on grounds of race,  
etc., prohibited, 426.2

Efficiency ratings, 429

Employee relations, duties of labor  
board, 423.3

Employment, 421–426

Hospitalization:

- of Employees' Compensation  
Commission beneficiaries:

Notification to next of kin  
when hospitalization is  
required, 4113

Provisions for, 4116

Outside U.S., 4164

Immunization:

- against Cholera, 35B24.1
- against Epidemic typhus,  
35B21.1, 35B21.3

**CIVIL EMPLOYEES.**—*Continued*  
*Immunization.*—*Continued*

- against Plague, 35B27.1, 35B27.3
- against Yellow fever, 35B17.1,  
35B17.3

Information concerning Federal em-  
ployment, where found, 422.3

Instructions concerning, where  
found, 422.3

Interviews, 4219

Labor board's functions, 423

Labor organization membership,  
restrictions on, 426.3

Leave:

- Agreements as to specified days  
prohibited, 426.5

Regulations, where found, 4214

Leaving Government service:

- Interviews, 4219
- Statement of availability, 426.7

Medical care and treatment of Em-  
ployees' Compensation Commis-  
sion beneficiaries:

- Ability to return to work, 4121
- Additional examinations, 4122
- Ambulance service, 4127
- Braces, 4126
- Complications, 4118
- Damage suits, reports relative  
to, 4115
- Detailed instructions, where  
found, 4112.4
- Doubtful eligibility for treat-  
ment, decisions on, 4120
- Eligibility, 4112.1
- Forms for reporting to Com-  
mission, 4114.2
- Hernias, 4117
- Medical reports, 4114
- for Non-occupational emergen-  
cies, etc., in continental U. S.,  
4112.3

Operations of election, 4119

Orthopedic appliances, 4126

Prosthetic appliances, 4125

Records, 4113

Reports, 4112.2, 4114, 4117, 4123

Request for treatment, 4112.2

Shoes (orthopedic), 4126

Shore station (continental)  
employees, reporting to med-  
ical officers, 4114.4

Specialists, employment of,  
4123

Transportation, 4127

Trusses, 4126

Medical care and treatment of  
other than Compensation Com-  
mission patients, 4152, 4164, 4165

in Naval hospitals:

- Duties of branch labor boards,  
423.2
- Duties of personnel officer, 1512
- Mess privileges, 16A42.5

**CIVIL EMPLOYEES.—Continued**In Naval hospitals.—*Continued*

Passes, duties of executive officer, 16A17.4

Regulations pertaining to, where found, 16A46

in Naval special hospitals, duties of branch labor boards, 423.2

of Navy yards and stations, unofficial certificates of ill health, etc., 12B24.2

Number of, 421.4, 425

Pay:

Establishment of rates, 421.1, 421.2

Lump sum allotment of funds for salaries and wages, 421.1

Pay period, 4212.2

Schedule of wages, where found, 422.3

Pay roll:

Arrangement of names, 4212.3

Copy to be forwarded to Bureau, 4212.4

Physical examinations:

Designation of medical officer, 21136.1

for Disability retirement, 21136.5

Fee not to be charged, 21136.2

Reports, 21136.4

Rules, etc., 21136.3

at Shore stations, 12D9

Physical fitness, how determined, 426.1

Political affiliations and activities, 426.2-426.4

Promotion:

Approval of Bureau, when not required, 421.2

Funds required, 421.3

Labor board's duties, 423.3

Quarters, reference to regulations, etc., 4213

Recreation, 4216.2

Recruitment, how positions are filled, 424.1, 424.2

Regulations concerning, where found, 422.3

Responsibility for administration, 422.1, 422.2

Restrictions on employment, 425

Service records, duties of labor board, 423.3

Solicitation and subscription of funds, 4215

Sources of labor supply, development of, duties of labor board, 423.3

Subsistence, reference to regulations, etc., 4213

Technicians. *See* **TECHNICIANS** Training, 427**CIVIL EMPLOYEES.—Continued**

Transfer, duties of labor board, 423.3

Trial period of employment, 426.6

Veterans, rights of, 424.3, 424.4

Violations of regulations, reporting of, 423.4

Welfare, 4216-4219

Women:

with Children, 4217.5

Day assignments, if practicable, 4217.3

Pregnant women, 4217.4

Weight lifting, limitation on, requirements, 4217.2

Working standards, 4217.1

Working conditions, 4216, 4217.1

**CIVIL OFFENSES**, disability incurred while in confinement for, 3221 (f)**CIVIL READJUSTMENT REPORT PROGRESS CARD.** *See* NAVMED-734.**CIVIL SERVICE**, veterans' preference as affected by line of duty status, 322.6**CIVIL SERVICE COMMISSION**, representation on labor board, 423**CIVIL SUITS**, against medical officers, 12B32**CIVILIANS:***See also* **CIVIL EMPLOYEES**

Aid to, by medical officers, 12B27.1

Hospitalization, 4160

In the U.S., aid necessitated by enemy action, 4166

Outside the continental U.S., hospitalization, etc., of enemy action refugees, 4164.1

**CLAIM FOR COMPENSATION ON ACCOUNT OF DEATH (ECC FORM CA-5)**, 4114.2**CLAIM FOR COMPENSATION OR MEDICAL EXPENSES ON ACCOUNT OF INJURY (ECC FORM CA-4)**, 4114.2**CLAIM FOR CONTINUANCE OF COMPENSATION ON ACCOUNT OF DISABILITY (ECC FORM CA-8)**, 4114.2**CLAIMS:**

of Civil employees for compensation, etc., 4114.2

Dental treatment other than naval, 3118

for Medical treatment and hospitalization other than naval, 3110.1

**CLASS NUMBERS**, explanation, 2315.2**CLASSES OF DIAGNOSTIC TITLES**, p. 279

**CLASSIFICATION OF CIVILIAN POSITIONS.** *See* **CIVIL EMPLOYEES**—Classification of positions.

**CLASSIFICATION OF DISEASES AND INJURIES:**

Alphabetical listing of titles, pp. 295-309.

Class I. Diseases of Blood, p. 279

Class II. Diseases of Circulatory System, pp. 279-280

Class III. Diseases of Digestive System, pp. 280-281

Class IV. Diseases of Ductless Glands and Spleen (Endocrines), pp. 281-282

Class V. Diseases of Ear, Nose, and Throat, p. 282

Class VI. Diseases of Eye and Adnexa, pp. 282-283

Class VII. Diseases of Genito-urinary System (Nonvenereal), pp. 283-284

Class VIII. Communicable Diseases Transmissible by Oral and Nasal Discharges, p. 284

Class IX. Communicable Diseases Transmissible by Intestinal Discharges, p. 284

Class X. Communicable Diseases Transmissible by Insects and Other Arthropods, p. 285

Class XI. Tuberculosis (All Forms), p. 285

Class XII. Venereal Diseases, pp. 285-286

Class XIII. Other Diseases of the Infectious Type, p. 286

Class XIV. Diseases of Lymphatic System, p. 286

Class XV. Diseases of Mind, pp. 286-287

Class XVI. Diseases of Motor System, pp. 287-288

Class XVII. Diseases of Nervous System, p. 288

Class XVIII. Diseases of Respiratory System, pp. 288-289

Class XIX. Diseases of Skin, Hair, and Nails, p. 289

Class XX. Herniae, p. 290

Class XXI. Miscellaneous Diseases and Conditions, pp. 290-291

Class XXII. Parasitic Diseases, p. 291

Class XXIII. Tumors, pp. 291-292

Class XXIV. Female Diseases and Conditions, pp. 292-293

Class XXV. Injuries, pp. 293-294

Class XXVI. Poisonings, p. 294

Class XXVII. Dental Diseases and Conditions, pp. 294-295

List of Classes, p. 279

**CLEANLINESS:**

Observation of personnel during examination for detection of concealed disease, 12B4.2

of Patients, bedding, etc., duties of medical officers, 12B2

**CLERGYMEN:**

*See also* **CHAPLAINS**

for Services to naval hospital patients, 16A16.2

**CLINICAL CHART.** *See* **NAVMED-Q.**

**CLINICAL NOTES.** *See* **NAVMED-17.**

**CLOCK TEST OF HEARING:**

Aviation personnel, 21163.2 (b)  
General, 2130

**CLOTHING:**

Annual Sanitary Report from ships, 35D12 (F)

for the Dead:

Expenses, payment of. *See* **FUNERAL EXPENSES**

Preparation of remains, 3421

of Naval hospital enlisted personnel, inspection, 16A19.3

of Patients:

Check of Hospital Ticket, 516

Cleanliness, duties of medical officers, 12B2

Quarterly Sanitary Report, shore stations and hospitals, 35D9 (D)

of Ship's crew, inspection by fleet medical officer, 12C4.1 (c)

of Shore station personnel, duties of medical officers, 12D4.2

**COAST AND GEODETIC SURVEY,** hospitalization of personnel, 4159

**COAST GUARD:**

Deaths:

Care of the dead, 3457

Outside continental U.S., interment, 3419.2

of Psychotic patients in certain hospitals, 16B32

Shipment of personal effects, 3428.3

Dental treatment, report (NAVMED-K), 5112.2

Dependents:

Eligibility for hospitalization and medical care, 415.2 (d), 415.3

Hospital maternity and infant care, 4110

Hospitalization:

Enlisted personnel, 4148

Ex-members, 4136

NAVMED-Fa's, forwarding of, 236.2 (c)

Officers, active list, 4147

Psychotic patients, 16B28, 16B32

**COAST GUARD.**—*Continued*  
Hospitalization.—*Continued*  
Reciprocity with Army and Navy, 319  
Retired personnel, 4149

Medical survey reports:  
Incapacitated officers, information to be given concerning, 3320.2  
Routing, 3317.2

Naval Home, admission of former personnel, 16B12  
Widows of personnel, eligibility for hospitalization and medical care, 415.2 (f)

**COAST GUARD RESERVE:**  
Dependents, eligibility for hospitalization and medical care, 415.2  
Incapacitated officers, information to be given in Report of Board of Medical Survey, 3320.2  
Women's Reserve, maternity care for discharged members, etc., 4138

**COCKATOOS**, quarantine declaration certificate, 35C10

**COIN-CLICK TEST OF HEARING:**  
of Aviation personnel, 21163.2 (c)  
General, 2130

**COLOR PERCEPTION:**  
Defective perception, evaluation of significance, 2125.5  
Medical survey finding of color blindness, action by medical officers of naval hospitals in U.S., 3318.2 (e)

NAVMED-H-2, entry on, 2216.7

Standards:  
in Annual examination of commissioned and warrant officers, 21104.6  
for Antiaircraft gunners, 21125.4  
for Combat aircrew personnel, 21141.2 (f) (4)  
for Deep-sea diving, 21134.2 (d)  
for Enlisted candidates for special duties, 2125.4  
for Enlistment and reenlistment, 2125.1  
for Midshipmen, 2125.6  
for Motor torpedo boat training and duty, 21135.2 (d)  
for Naval Academy candidates, 2125.3  
for Nurses, 2125.3  
for Officers in service, 2125.6  
for Primary appointment to commissioned or warrant rank, 2125.3  
for Signalmen, 21127  
for Submarine service, 21133.2 (c)

**COLOR PERCEPTION.**—*Continued*  
Standards.—*Continued*  
for Training for commissioned rank or for aviation service, 2125.3

Tests:  
for Aviation personnel, 21159  
Color groups, 2125.1  
Plates used, 2125.1, 21159  
Procedure, 2125.2, 2125.6, 21159  
Reports, 2125.5

**COMBAT AIRCREW PERSONNEL**, physical standards, 21141.2 (f)  
**COMBAT OR OPERATIONAL FATIGUE:**

Limited duty cases, enlisted personnel, medical survey report, 3324  
Medical survey reports, final action on cases, 3318.3 (j) (5)

**COMBAT ZONES**, administration of tetanus toxoid prior to entry, 35B12.3

**COMBINED REPORT OF ENLISTED HOSPITAL CORPS PERSONNEL.** *See* NAVMED-590.

**COMMANDER:**  
Dental Corps, professional examination for advancement to rank of, 1319  
Medical Corps, professional examination for advancement to rank of, 12A23

**COMMISSARY OFFICER**, 1515  
**COMMISSARY STORES, NAVAL HOSPITAL**, 16A12 (3)

**COMMISSION.** *See* APPOINTMENT.

**COMMUNICABLE DISEASES:**  
Classification:  
Transmissible by Insects and Other Arthropods, p. 285  
Transmissible by Intestinal Discharges, p. 284  
Transmissible by Oral and Nasal Discharges, p. 284  
Compulsory treatment of contagious diseases, 12B31.1 (c)  
Control, duties of medical officer, 35A9  
Deaths from disinterment and transportation of remains, 3423 (a), (b)  
in Dental patients, 12B16.3  
Discharged personnel with infectious diseases, procedure, 3329  
Inspection of crew by medical officer of a ship, 12C16.1  
Medical survey, persons with infectious diseases, 3329  
Naval hospitals, cooperation with civil authorities in control, 16A8.2, 16A8.3  
Quarantine declaration certificate, 35C10

**COMMUNICABLE DISEASES.—***Continued*

Report of person with infectious disease:

Instructions, 16A8.2

in Tabulation of Reports, 513

Separation from service of a person with infectious disease, letter, 513

in Transfer cases, 12B12

**COMPENSATION COMMISSION.***See* UNITED STATES EMPLOYEES' COMPENSATION COMMISSION.**COMPLEXION. See SKIN.****COMPLICATIONS:**

ACD cases, 233.3

C cases, 233.3 (a), (c), 235.2 (a)

Change of diagnosis to be made promptly, 2316.7

Civil employees, care of, 4118

in Desertion cases, 233.7 (b), 2310

EPTE cases, 239

FS cases, 233.7 (b)

NAVMED-H-8 entry upon admission to sick list, 2220.6

RA cases, 233.3 (a)

of Venereal diseases, diagnostic titles, 2317.2

**CONCEALED DISEASE:**

Examinations for detection (general), 12B4.2

Inspection of crew by medical officer of a ship, 12C16.1

**CONCURRENT DIAGNOSIS, AD**

cases, 233.6 (a), 235.2 (e)

**CONGRESS, MEMBERS OF,**

reports on physical examination of candidates for Naval Academy to be sent to, etc., 2115.1, 2115.3

**CONTACT REPORT, VENEREAL DISEASE. See NAVMED-171.****CONTACTS, No Disease entry, 2316.5****CONTAGIOUS DISEASES. See COMMUNICABLE DISEASES.****CONTINUATION OF SAME DIAGNOSIS. See RECURRENCE.****CONTINUED FROM LAST YEAR.***See* REMAINING ("—").**CONTINUED TO NEXT YEAR ("—"):**

Closing out of NAVMED-F, 236.2 (b)

Diagnosis Undetermined cases, disposition as, 238.2 (c)

Disposition of cases, 235.7

NAVMED-F's, two forms, 236.4, 236.5

**CONTINUOUS-SERVICE CERTIFICATE, fingerprint, 2248.5****CONTRACTORS WITH U.S., hospitalization, etc., of employees, outside U.S., 4164****CONTROL TOWER OPERATORS (SPECIALISTS):**

Physical examination, 21129.2

**CONTROL TOWER OPERATORS (SPECIALISTS).—Continued**

Physical requirements, 21129.1, 21131

**CONVALESCENT LEAVE:**

AD cases, 233.6 (d)

C cases, 235.2 (g)

Disposition of cases (general), 235.2 (g), 235.6 (b), 237.17

Intervening disabilities:

Monthly Morbidity Report, inclusion, 35D3.6 (k)

Taking up on sick list, 237.13

Returning patients, FT cases, 233.4 (b)

T cases, 233.6 (d)

**COOKS:**

for Motor torpedo boat service, vision requirements, 21135.2 (b)

Special physical requirements (women), 21131

**CORONER'S INQUEST, expense not payable by U.S., 3451****CORPSE ESCORT:**

Appropriation chargeable, 3435

Authority for, 3431

Civil employees, no authorization, 4129.3, 4130.1

Civilian as escort, 3436

for Cremated remains, 3437

Detail, 3433

Naval Reservist as escort, 3438

Not authorized for certain personnel who die in naval hospitals, 3439

Selection, 3433

Transportation request, 3426

Travel instruction, 3434

When furnished, 3432

**CORPSE TRANSPORTATION. See DEATHS—Transportation of remains.****CORRECTED DIAGNOSIS. See EC (DIAGNOSIS ESTABLISHED OR CORRECTED).****COUNSELING RECORD. See NAVMED-873.****COURT-MARTIAL:**

Confinement under sentence, effect on line of duty status, 3221 (f)

Dependents of prisoners, hospitalization and medical care, 415.5

Drunkenness, cases of, competent opinions, 3214

Medical survey reports in certain cases, final action on, 3318.3 (e)

Prisoners in naval hospitals, guarding of, 16A17.3

**COURTS, CIVIL. See CIVIL COURTS.****COWPOX VIRUS:**

Inoculation with, requirements, 35B6

Preservation, 35B8

**COWPOX VIRUS.**—*Continued*

Reaction, record of, 2235.2

Yellow fever vaccine, relative timing of inoculations, 35B3.6, 35B18

**CREMATION:**

Appropriation chargeable, 3442.1

of remains of Civil employees, expenses allowed, 4129.2

Corpse escort for remains, 3437

when Death occurs outside continental U.S., restrictions, 3419.3

Expenses allowed, 3448

Method of transporting remains, 3424

**CRIMINAL CLASSES**, elimination in physical examination, 2113.2**CUBA:**

a Domestic country for purposes of quarantine, 35C9.2

Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2

**CURACAO**, disinsectization of aircraft arriving from, limitation on requirement, 35C16.4**CYCLOPLEGIC, USE OF:**

for Examination of Naval Academy graduates, 2128

for Refraction, 21161

Restriction, 2123

**D****D (DUTY):**

Convalescent leave cases, 237.17

Definition and usage of term, 235.1

Diagnosis Undetermined not to be disposed of as, 238.3

Patients in custody of civil authority, closing of medical history, 2224

**DAILY PERSONNEL REPORT.***See* NAVMED-HF-10.**DAMAGE CONTROL**, coordination of preparations for battle, 12C34**DAMAGE SUITS**, of civil employees, reports by medical officers, 4115**DATE OF BIRTH.** *See* **BIRTHS**—Date and place, recording of.**DD (DIED):**

Diagnosis Undetermined not to be disposed of as, 238.3

Disposition of cases, 235.3

**DDT**, use for disinsectization of ships, 35C11**DEAFNESS:***See also* **TONE DEAFNESS**

Hospitals designated for specialized treatment, 16B17.1

When considered to exist, for purposes of special hospital treatment, 16B17.1

**DEATHS:***See also* **CASUALTIES; DD (DIED)****DEATHS.**—*Continued*

Autopsies, results of, to be reported, 3415

Burial of the dead. *See* **BURIAL OF THE DEAD**

Certificate of Death:

*See also* **NAVMED-N**

Payment for civil certificate, 3411

of Civil employees. *See* **CIVIL EMPLOYEES**—DeathsCoast Guard personnel. *See* **COAST GUARD**—Deaths

Collection of bodies on ships during battle, 12C55

from Communicable diseases, disinterment and transportation of remains, 3423 (a), (b)

Corpse escort. *See* **CORPSE ESCORT**

Disinterment of bodies, 3423 (b)

Dispatch notification to next of kin, 3417-3419

Funeral ceremonies, how conducted, 3455

Funeral expenses. *See* **FUNERAL EXPENSES**

Funeral flags, 3456

Funerals. *See* **FUNERALS**

Gratuity to widow, etc., payment, 323.3

Investigation:

Civil authorities, relations with, 3416

of Civil employee's death, 4130.1

Coroner's inquest, expenses not payable by U.S., 3451

Court of inquiry or board of investigation, 3414

Identification of body, 3413

Postmortem examination and autopsy, 3415

Jurisdiction, 3416

Marine Corps Reserve personnel:

from Injury after release from active duty, report on, 347

Notification of next of kin, 3417.4, 3417.5

Personnel transferred to naval hospital during active duty or training (certain cases), 3417.6

of Missing persons, finding of death and Certificate of Death, procedure, 344.2

in Naval hospitals:

Arrangements for care of the dead, duties of executive officer, 16A16.3

Discharged enlisted personnel, shipment of effects, 3428.4

Disposition of remains, duties of record officer, 1513.4

**DEATHS.—Continued****in Naval hospitals.—Continued**

Entries in journal of officer of the day, 16A20.3, 343.1

Funeral expenses. *See* **FUNERAL EXPENSES**

Merchant seamen, 349.2, 4157.2  
Naval Home beneficiaries, 16B14.2

Notification of next of kin, etc., 16A9.2, 3417

Reports to local civil authorities, 16A8.4

Supernumeraries, certificates, etc., 349

**Naval Reserve personnel:**

Inactive member, certificate and report, 348

from Injury after release from active duty, report on, 347

Notification of next of kin, inactive duty personnel, 3417.5

Personnel transferred to naval hospital during active duty or training (certain cases), 3417.6

**Notification of next of kin:**

Active duty personnel, 3417.3, 3417.4

Activity within continental U.S. having contract, 3417

Activity within continental U.S. not having contract, 3418

Civil employees, 4129.1

Coast Guard, 3457.2

Death occurring at home of deceased, modified form of dispatch, 341.6

Death occurring at port within continental U.S., 3418.1

Death occurring in continental U.S. away from a naval command, 341.6

Destitute patient, 3417.9

Discharged enlisted personnel who die in naval hospitals, 3417.7

Inactive duty personnel, 3417.5

Information for Next of Kin, report. *See* **NAVMED-HF-61**

Letter to follow notification, contents, 3417.2

Marine Corps personnel on active duty, 3417.4

Marine Corps Reserve personnel, 3417.4, 3417.5

Pensioner, 3417.9

Reservists transferred to naval hospital during active duty or training (certain cases), 3417.6

**DEATHS.—Continued****Notification of next of kin.—Cont.**

Ships and stations outside the continental U.S., 3419

Tabulation of Reports, 513

Veterans Administration patient, 3417.8

**Preparation of remains:**

of Civil employees, limitation of expense, 4129, 4130

Clothing, 3421

Coast Guard personnel, 3457 when Death occurs in continental U.S. away from naval command, 341.6

Embalming and inspection, 3420

Encasement, 3422

Expenses, payment of. *See* **FUNERAL EXPENSES**

in Public Health Service Hospital (Fort Worth), 3410

Recording, 343

Recovery of bodies, appropriation chargeable, 3442.1

Removal of the dead from naval reservations, 3416

Report of Disposition and Expenditures—Remains of Dead. *See* **NAVMED-609**

**Reports of death:**

Afloat or ashore beyond continental U.S., 341.2

of Civil employee, 4129, 4130 in Continental U.S., away from a naval command, 341.6

Dispatch report, 341

Ex-service personnel at naval hospitals, 349

Fleet Reserve and Fleet Marine Corps Reserve personnel in inactive status, 346.2

at Home of deceased, 341.6

Inactive reservists, 348

for Life insurance purposes, 3412

Merchant seamen at naval hospitals, 349.2

Misconduct entries, 12B15, 325, 344.3 (d)

at Naval activity other than a naval hospital, 341.5

at Naval station, 341.4

at Navy yard, 341.4

by Officer having knowledge of death that has apparently not been reported, 345.3

Public Health Service Hospital (Fort Worth) patients, 3410

Requests for copies, procedure, 12B25.4

Reservist's death from injury after release from active duty, 347

**DEATHS.—Continued**

Reports of death.—*Continued*

Retired personnel, 346

St. Elizabeths Hospital patients, 3410

to Secretary of the Navy, 341  
Supernumeraries at naval hospitals, 349

Tabulation of Reports, 513

Reports relative to deceased persons, list of required reports, 342  
of Reservist after release from active duty, 347

Resulting from medical or surgical treatment, line of duty status, 3227

at St. Elizabeths Hospital, 16B32.1, 3410

Shipment of personal effects:

of Coast Guard personnel, 3428.3

of Former enlisted personnel, 3428.4

of Marine Corps personnel, 3428.2

of Naval personnel, 3428.1

of Veterans Administration patients who die in naval hospitals, 3428.5

on Ships outside the continental U.S., procedure, 3419

at Shore stations:

Outside continental U.S., procedure, 3419

Within continental U.S., having contract, 3417

Within continental U.S., not having contract, 3418

Suicide, line of duty status, 3228

Termination of Health Record, 2243.1

Transfer of body of person who dies while on active duty within continental U.S., etc., to naval hospital, 3443.2

Transportation of remains:

Appropriation chargeable, 3442.7

to Arlington National Cemetery, 3430

when Attended by escort, 3426

of Civil employees, 4129, 4130  
Expenses. *See* **FUNERAL**

**EXPENSES**

Express shipment, 3425

Information for next of kin or consignee, 3429

Method, 3424

Rules, 3423

Transfer points, 3427

While on leave, preparation of NAVMED-F and NAVMED-Fa, 237.12

**DEBARKATION TAB**, 5117.1, 5117.3

**DECK COURTS**, powers of medical officer in command of naval hospital, 16A7.3

**DECOMMISSIONED ACTIVITIES**, transfer of records, 12B11.1

**DECOMMISSIONING INVENTORY**, 12B11

**DEEP-SEA DIVING**. *See* **DIVING (DEEP-SEA)**.

**DEFECTS EXISTING PRIOR TO ENTRY INTO THE SERVICE**. *See* **EPTE**.

**DEFINITIONS:**

Aircraft accident, 2314.1 (a)

of Dependency (for purposes of medical treatment, etc.), 415.1

of Terms for disposition from sick list, 235

of Terms for taking up on sick list, 233

**DENGUE**, importance of mosquito control in prevention, 35A10.1

**DENTAL CHARTS**. *See* **NAVMED-H-4—Charts**.

**DENTAL CORPS:**

*See also* **DENTAL OFFICERS**

Advancement in rank:

Eligibility, 1315

Examinations required, 1316–1321

Appointments:

Certificates required, 137

Disqualification on grounds of false certificates or statements, 1314

Eligibility for examination, 135

Evidence of additional qualifications, 138

Expenses, no allowance for, 139.2

Form of application for examination, 136

Freedom from mental, physical, and constitutional defects, certification required, 1310

Original appointments, 134

Permit for examination, 139.1

Photograph to be submitted, 137 (d)

Physical examination, 1310

Professional examination, 1311–1314

Qualifications, 133

Duties of officers. *See* **DENTAL OFFICERS—Duties**

Enlisted personnel, 1332

Establishment, 131

Hospital corpsmen assigned to, 1332

Junior officers, 1331

Naval Reserve Dental Corps, 1356–1357

Organization, 132

**DENTAL CORPS.—Continued**

- Postgraduate instruction:
  - Civilian instruction, 1360
  - Encouragement, 1358.4
  - under Naval auspices, 1359
  - Requests for, 1361
- Professional examination for advancement in rank:
  - to Captain, 1320
  - to Commander, 1319
  - to Lieutenant, 1317
  - to Lieutenant commander, 1318
  - to Rear admiral, 1321
- Professional examination for appointment:
  - Board of examiners, 1311.1
  - Scope, 1311.2
  - Termination, 1312
  - Withdrawal, 1313
- Training, 1358–1361

**DENTAL DISEASES AND CONDITIONS:**

- Classification, pp. 294–295
- Operations reported on NAVMED–K, 2320

**DENTAL EQUIPMENT. See DENTAL SUPPLIES AND EQUIPMENT.****DENTAL EXAMINATIONS:**

- Annual examination of commissioned and warrant officers, 21104.8
- upon Appointment from enlisted to officer grade, 1326.3
- Conducted by dental officers when practicable, 12B18.2, 1326.5, 214.1, 2150.1, 2227.1
- after Enrollment (officers and enlisted men), 1326.1
- upon Extension of enlistment, 1326.3
- Naval Academy candidates, special attention, 2115.2
- at Navy yards, 1354
- Physical examination procedure, 214.1, 2150–2154
- upon Promotion, 1326.3
- Recording:
  - See also NAVMED–H–4
  - by Medical officers, 12B16.8
  - on NAVMED–Y, NAVMED–AV–1, and NAVMED–H–4, 1326
- of Recruiting station personnel, 21124
- of Recruits, at training stations, 1353
- upon Reenlistment, 1326.3
- Report to board of medical examiners, 1326.5
- upon Reporting for duty, 2230.2
- of Ship's crew, 1348.2
- Special examinations, 1326.6
- of Submarine personnel after patrol run or prolonged cruise, 12E48.3

**DENTAL EXAMINATIONS.—Cont.**

- Subsequent to first examination after enrollment, 1326.2

**DENTAL FACILITIES:**

- of Districts, duties of district dental officers, 1350
- on Ships and ashore, duties of fleet or force medical officer, 1346.2 (a)
- at Shore stations, duties of dental officer, 1352

**DENTAL LAVATORIES, in barracks, requirements, 35A15.3 (d)****DENTAL MATTERS, correspondence relating to, duties of medical officers, 12B16.9****DENTAL OFFICERS:***See also* **DENTAL CORPS**

- Articles by, 1362
- Assignment to medical department of ship or station, 1323
- Battle-dressing station, assignment to, 12C54
- Duties:

- Administrative authority, 1324
- Afloat, 1344–1348
- Allotments of property, 1334
- Ashore, 1349–1355
- Availability of services, 1325
- during Battle, 1344
- Dental examinations, 1326
- Dental property, reports and returns, 1336.6
- Dental treatment, 1328
- District dental officer, 1349–1350
- Examining boards, service on, 1322
- Familiarity with instructions, etc., 1322.3
- Fleet or force dental officer, 1345–1346
- Medical officers, collaboration with, etc., 1328.4, 1328.5
- at Naval hospitals, 1355
- at Navy yards, 1354
- Official correspondence, 1343
- Prevention of oral disease, 1327
- Primary duties, 1322
- Prosthetic treatment, 1329
- Records of patients, 1336.5
- Reports, 1336–1343
- Requisitions of equipment and supplies, 1335
- Ship's dental officer, 1347–1348
- at Shore stations, 1351–1352
- Technologists, estimates of need, 1332.2
- at Training stations, additional duties, 1353

**Semi-Annual Personnel Report. See NAVMED–785****DENTAL OPERATING ROOMS:**

- on Ships, duties of dental officers, 1348.1

**DENTAL OPERATING ROOMS.—***Continued*

at Shore stations, duties of dental officers, 1352

**DENTAL ORGANIZATIONS (CIVILIAN),** Navy's interest, duties of district dental officer, 1350.2 (e)**DENTAL PERSONNEL, ASSIGNMENTS, ETC.:**

Duties of district dental officer, 1350.2 (b)

Duties of fleet or force dental officer, 1346.2 (b)

**DENTAL PROPERTY.** *See* **DENTAL SUPPLIES AND EQUIPMENT.****DENTAL RECORD.** *See* **NAVMED-H-4.****DENTAL REPORTS:**

Annual, 513, 5130

File of documents, correspondence, etc., 1336.4

Forms, 1336-1342

Forwarding, 1336.1, 1336.3

General, 1336

Monthly Prosthodontia Report. *See* **NAVMED-610**Operations and Treatment Report (naval). *See* **NAVMED-K**Other than naval treatment. *See* **NAVMED-U**

Preparation, 1336.1

of Prosthetic treatment. *See* **NAV-MED-L**Quarterly. *See* **NAVMED-461**

Special dental treatment, request for, 3116

Tabulation, 513

**DENTAL SCHOOL.** *See* **UNITED STATES NAVAL DENTAL SCHOOL.****DENTAL STOREROOMS,** at shore stations, duties of dental officers, 1352**DENTAL SUPPLIES AND EQUIPMENT:**

Alcoholic solutions, custody, 1333.5

Allotments, 1334

Annual Dental Report, information to be given in, 5130.2

Care and preservation, 1333.1

Excess, reports on, 1333.4

Expendable supplies, records, 1333.3

Inventory by dental officer of a ship prior to his detachment, 1348.4

Narcotics, custody, 1333.5

Nonexpendable material, custody record, etc., 1333.2

Poisons, custody, 1333.5

Precious metal scrap, salvaging, 1333.7

Precious metals, safeguarding, 1333.6

Receipt to medical officer, 1333.1

Reports and returns, 1336.6

Requisitions, 1335

**DENTAL SUPPLIES AND EQUIPMENT.—***Continued*

on Ships, Annual Sanitary Report, 35D12 (E) (2)

Unsatisfactory material, reports, 1333.4

**DENTAL TECHNOLOGISTS,** 1332.2, 1332.4**DENTAL TREATMENT:**

Advance appointment, 12B16.1

for Army personnel:

Aviation cadets, active list, 4142.2

Enlisted personnel, active list, 4143.2

Officers, active list, 4142.2

Binnacle list, placing patients on, 1328.10

By whom rendered, 1328.2

for Canadian military personnel, 4167

for Civil employees, 4124

Classification of operations and treatment, 2231.4

Communicable disease patients, 12B16.3

Complete treatment, 1328.3

Compulsory treatment, 12B31

of Dependents of naval and/or Marine Corps personnel, general, 416.3, 1825.2, 1355.3

Discharge, etc., of patients, 12B16.5

Duties of dental officers, 1328

Essential treatment, 1328.3

Fees not to be charged, 1325.4

for Humanitarian reasons (not officially authorized), statement, 5112.4

Medical officer's duties, 12B16

Medical treatment, collaboration in, 1328.4, 1328.5

at Navy yards, 1354

Other than naval:

in Army facilities, 312.2, 3114

Claims, 3118

Emergency treatment, 312.1, 3114, 3115

for Enlisted personnel on leave or liberty, limitation, 316.5

Health Record, insertion of notes in, 3116.4

Limitation, 3114

Prosthetic appliances not to be furnished, 3114.1

Prosthetic treatment, request for, 3117

Reports, 318, 3110

Request for special treatment, 3116

of Patient sent to another ship or station, 12B16.2

Poisonous drugs, prescriptions for, 12B21.1, 1330

Prescriptions, 1330

**DENTAL TREATMENT.—Cont.**

before Proceeding to ship or station with no dental officer, 12B16.4  
of Prospective applicants for commission or enlistment, prohibited, 1328.9

**Prosthetic treatment:**

Activities with no prosthetic facilities, 1329.3

Authorization, 1329.1

Emergency treatment by other than naval officer not to include furnishing of appliances, 312.1

Extent to which authorized, 1329.2

Limitation, 1328.8

Other than naval, 1329.6, 3114.1, 3117

Preparation for prosthesis, 1329.3

Priority, 1329.4

Report. *See* NAVMED-L

To whom furnished, 1329.1

United Nations military personnel, 4162.2

When deemed necessary, 1329.2

**Records:**

*See also* NAVMED-H-4

on Medical History sheet (NAVMED-H-8), 2225

Other than NAVMED-H-4, 2234

Records of patients, 1336.5

of Recruits, at training stations, 1353

**Refusal by patient:**

when Indicated, but not required for safety or health of the command, 1328.6

Medical survey report, 3327.1, 3327.3, 3327.4

when Required for safety or health of the command, 1328.7

upon Reporting for duty, 2230.2

**Reports. *See* DENTAL REPORTS**

of Ship's crew, 1348.2, 1348.3

at Shore stations, duties of dental officers, 1352

**Sick list:**

Discharge of, or granting liberty to, patients, 1328.11

Placing patients on, 1328.10

**Special treatment:**

Request for, instructions re, 3116

Request for, in Tabulation of Reports, 513

To whom extended, 1325

for United Nations military personnel, 4162.2, 5112.3

**DEPENDENT'S IDENTIFICATION CARD. *See* NAVMED-562.****DEPENDENTS OF NAVAL AND/OR MARINE CORPS PERSONNEL:**

Dental treatment, 416.3, 1325.2, 1355.3

**Immunization:**

against Cholera, 35B24.1

against Epidemic typhus, 35B21.1, 35B21.3

against Plague, 35B27.1, 35B27.3

against Yellow fever, 35B17.1, 35B17.3

Medical care and hospitalization at

Medical Department activities:

Definition of dependency, 415.1

Detailed reports of hospitalization, submission of, 417

Eligible dependents, list of, etc., 415.2-415.5

Hospital maternity and infant care, 4110

Identification, 419

In-patient, 416, 417

Monthly Summary Report. *See* NAVMED-669

Out-patient service, 418

at Shore stations, duties of medical officer, 12D8

Unauthorized services, etc., in connection with in-patient care, 416.4

**DEPTH PERCEPTION TEST, 21151**

**DERMATITIS VENENATA**, not reported as Poisoning, 2319

**DESCRIPTIVE SHEET. *See* NAVMED-H-2.**

**DESERTED. *See* RAN (DESERTED).**

**DESSERTERS:**

Health Record, 2243.1, 2243.4

Physical examination:

Instructions, 21117

after Surrender or apprehension, 2243.4

While on sick list, FS on return, 233.7 (b)

**DESERTION STATUS, DISABILITY INCURRED DURING:**

NAVMED-F, Line 7, instructions, 236.3

NAVMED-F, Line 12, instructions, 2310

Not in line of duty status, 3221 (c), 3224

Taken up as A, 233.1 (d), 2310

**DESTITUTE PATIENTS IN NAVAL HOSPITALS:**

Death, notification of next of kin, 3417.9

Funeral and burial expenses, 3442.2, 3442.7, 3452

**DESTITUTE PERSONS**, transportation to Naval Home, 16B13.3

- DETACHED DUTY PERSONNEL:**  
 Monthly Morbidity Report (NAV-MED-582), 35D3.6 (g)  
 NAVMED-F procedure, 237.9
- DETACHMENT**, notice to medical officer required, 225.5
- DIAGNOSIS.** *See* AD (ADDITIONAL DIAGNOSIS); C (DIAGNOSIS CHANGED); CONCURRENT DIAGNOSIS; DIAGNOSIS UNDETERMINED; DIAGNOSTIC NOMENCLATURE; EC (DIAGNOSIS ESTABLISHED OR CORRECTED); ERROR IN DIAGNOSIS; INTERCURRENT DIAGNOSIS; PRIMARY DIAGNOSIS.
- DIAGNOSIS CHANGED.** *See* C (DIAGNOSIS CHANGED).
- DIAGNOSIS ESTABLISHED OR CORRECTED.** *See* EC (DIAGNOSIS ESTABLISHED OR CORRECTED).
- DIAGNOSIS NUMBERS.** *See* NUMBERS—Diagnosis numbers.
- DIAGNOSIS UNDETERMINED:**  
 Change of diagnosis to, 238.2 (b)  
 Change to EC, 233.5, 235.2 (d)  
 Change to No Disease, 2316.5 (d)  
 Choice of diagnostic titles, 2316.3  
 Disposition under, when permissible, 238.2 (c)  
 Entry, form of, 238.1  
 Headings under the title, 2316.3  
 Improper usage, 238.3  
 Morning report of the sick, by ship's officer, 12C17.3  
 Proper usage, 238.2
- DIAGNOSTIC CLASSES.** *See* CLASSIFICATION OF DISEASES AND INJURIES.
- DIAGNOSTIC NOMENCLATURE:**  
*See also* CLASSIFICATION OF DISEASES AND INJURIES  
 Diagnosis Undetermined, 2316.3  
 Diseases not appearing in the Diagnostic Nomenclature, 2316.2  
 Error subsequently discovered, 2316.8  
 General plan, 2315.1  
 Injuries, 2318  
 Instructions, 2315-2321  
 Malingering, 2316.4  
 Methods of listing titles, 2315.3  
 NAVMED-F, Line 4, instructions, 236.3  
 No Disease, 2316.5  
 Numbers (diagnosis and class), 2315.2  
 Organization, 2315  
 "Other diseases of this class," 2316.2  
 Poisonings, 2319  
 Precedence of titles, 2316.6  
 Print styles, significance, 2315.3
- DIAGNOSTIC NOMENCLATURE.**  
 —*Continued*  
 Prompt changes to new titles, 2316.7  
 Subsequent discovery of error, 2316.8  
 Symptomatic diagnosis, 2316.1  
 Venereal diseases, 2317  
 Wording of titles, 2315.4
- DIAGNOSTIC TESTS,** NAVMED-H-8 entry, 2225.3
- DIED.** *See* DD (DIED).
- DIET.** *See* FOOD.
- DIGESTIVE SYSTEM:**  
*See also* STOMACH  
 Diseases of, classification, pp. 280-281
- DIPHTHERIA**, deaths from, disinterment and transportation of remains, 3423 (a), (b)
- DIPLOPIA**, 21153, 21154, 21155.3, 21158.1
- DISABILITIES** (Physical, etc.):  
 Discharge from service due to. *See* DISCHARGE FROM SERVICE — Physical disability cases  
 Existing prior to entry into the naval service. *See* EPTE (EXISTING PRIOR TO ENTRY)  
 incurred in Line of duty. *See* LINE OF DUTY STATUS  
 Self-produced, as misconduct, 324
- DISAPPEARANCES**, Health Record entry, 225.12
- DISCHARGE FROM SERVICE:**  
 upon Aptitude board's report, 21119.5  
 of Civil employees, for delinquency or misconduct, 4210.3  
 Dental Record, requirement, 2227.1  
 for Disability incurred in line of duty. *See* LINE OF DUTY STATUS  
 Enlisted personnel:  
   at Naval hospitals in U.S., upon recommendation of medical survey board, 3318.2 (c)  
   Physical examination prior to discharge, 21118, 2221.3  
   Previously surveyed to limited duty, 3324  
   as a Recommendation by medical survey board, 3321  
   Tuberculosis cases, 3328.4  
 Expiration of enlistment:  
   Naval hospital patient, for disability, 16A37.6  
   Not cause of discharge when medical survey is involved, 3315  
   Reenlistment while still patient, FS, 233.7 (c)  
   Supernumerary retained in hospital, D, 235.1 (d)

**DISCHARGE FROM SERVICE.— DISEASES:***Continued*

- Fingerprints, 2248.4, 2248.5
- Honorable discharge, effect on benefits. *See* **LINE OF DUTY STATUS**—Benefits affected
- Infectious disease cases, 3329
- IS cases, 235.4
- Marine Corps personnel, for physical disability, 2122
- Medical survey, requirement, 339
- for Mental illness, after medical survey, 3325
- Monthly report. *See* **ACRO FORM B**
- Nurse Corps officers, 1426
- Officers, physical examination, 21110
- Patient transferred to Veterans Administration facility, statement showing type of discharge to be given, 3330.4 (e)
- due to Personality defects, final action on medical survey report, 3318.3 (e)
- for Pulmonary tuberculosis, notice to Public Health Service, 16A8.3
- Retention in naval hospital, closing of Health Record, 2246.1
- Roentgenographic examination of chest, 21103.3
- Syphilis acquired prior to enlistment, 339.2
- Termination of Health Record, 2243.1
- Tuberculosis cases:
  - Enlisted personnel, 3328.4
  - Evidence of tuberculosis as cause for discharge, 21103.2
  - Information to be given to civil authorities, 3329
  - Midshipmen, 3328.3
- Women, for pelvic disorder, 21101.2

**DISCHARGE FROM SICK LIST.**  
*See* **DISPOSITION FROM SICK LIST.**

**DISCIPLINARY ACTION:***See also* **COURT-MARTIAL**

Medical survey report on pending cases:

- Disposition of cases, 3326
- Final action, 3318.3 (e)
- No Disease, entry not to be used for case awaiting action, 2316.5 (b)
- Sentences assigned by medical officer in command of a naval hospital, 16A7.3

**DISCIPLINE:**

- of Civil employees, 4210
- in Naval hospitals. *See* **NAVAL HOSPITALS**—Discipline
- at Shore stations, responsibility of medical officer, 12D17

Classification. *See* **CLASSIFICATION OF DISEASES AND INJURIES**

Concealed disease. *See* **CONCEALED DISEASE**

District medical officer's duties, 12D2.8

Epidemic. *See* **EPIDEMIC DISEASES**

Line of duty status. *See* **LINE OF DUTY STATUS**

Origin, etc., signing of statement re, not to be required of patient, etc., 3231

Prevention and control:

*See also* **COMMUNICABLE DISEASES; IMMUNIZATION; INSECT-BORNE DISEASES; QUARANTINE; SANITATION; VENEREAL DISEASES**

Compulsory immunization and prophylactic measures, 12B31.1 (a)

Cooperation with other agencies, 12B6.1

Educational measures, general duties of medical officers, 12B5.1

Fleet medical officer's recommendations and reports, 12C6.2

Medical Department's responsibility, 113

Medical officer's responsibilities, 12B1, 12B5

Oral disease, prevention, 1327.1

on Ships, special inspections by fleet medical officers in cases of increase, 12C5

at Shore stations, duties of medical officer, 12D4.1

**DISINSECTIZATION:**

of Aircraft under Navy jurisdiction:

Certification, 35C14.2 (f), 35C16.2

Civilian pilots to comply with requirements, 35C16.5

Insecticides to be used, 35C16.2, 35C17

Method, 35C16.2, 35C16.3

Pilot's declaration, 35C14.2 (f)

Requirements (general provisions), 35C16.1

Technique, 35C17

Time necessary for spraying, 35C17.3

When not required, 35C16.4

When to be carried out, 35C16.2

of Ships, 35C11

- DISINTERMENT OF BODIES, DIVING (DEEP-SEA).—Continued**  
 3423 (b)  
**DISPATCH NOTIFICATION TO NEXT OF KIN**, 3417-3419  
**DISPENSARIES**, ward records and reports, *see* **HOSPITALS**—Ward records and reports.  
**DISPOSITION FROM SICK LIST**:  
 Definition and usage of terms, 235  
 Discharge under erroneous diagnosis, readmission, 2316.8  
 Methods, 234  
 NAVMED—F, Line 5, instructions, 236.3, 236.4  
**DISTILLED SPIRITS. See ALCOHOLIC LIQUORS.**  
**DISTRICT CRAFT**:  
 without Medical Department personnel, reports, 237.7  
 NAVMED—582, if no Medical Department personnel attached, 35D3.6 (e)  
**DISTRICT DENTAL OFFICER**:  
 Duties, 1350  
 Reports required, table, 513  
 Title, 1349  
**DISTRICT HEADQUARTERS PERSONNEL**, NAVMED—F's, 237.10  
**DISTRICT MEDICAL OFFICER**:  
 Closing of an officer's Health Record upon his retirement, duties in re, 2243.3  
 Designation, 12D1  
 Duties, list of, 12D2  
 Reports required, tabulation, 513  
 Responsibility (general), 118  
**DIVING (DEEP-SEA)**:  
 Accidents, serious, report of (NAV-MED—816), 12E53.2  
 Age qualifications, 12E52.3, 21134.2 (a), (n), 21134.3  
 Extensive, statistical report of:  
   Instructions, 12E53.3  
   in Tabulation of Reports, 513  
 General duty, 12E47  
 Health Record, annual physical examination to be noted, 12E52.3  
 Illness due to occupational hazards, duties re, etc., 12E53  
 Physical examination:  
   Annual, for continuance in duty, 12E52.3, 21134.3  
   in Extensive rescue or salvage operations, 12E52.4  
   Prior to each dive, 12E52.4  
   for Training, etc., 21134.2  
 Physical standards:  
   for Acceptance, 21134.1, 21134.2  
   for Continuance in duty, 21134.3  
   for Training, 12E52.2  
 School, Navy Yard, Washington, D. C., physical examination and standards of candidates for instruction, 12E52.2  
 Specialty letter *U* for reporting incidental disabilities, 2314.1 (c), 2314.2  
 Temperament, standards, 21134.2 (m)  
**DOMICILIARY CARE FOR VETERANS. See VETERANS**—Hospitalization and/or domiciliary care.  
**DRILLS**:  
 at Naval hospitals, 16A13.1, 16A13.2  
 on Ships:  
   Chemical warfare, 12C35  
   General, 12C29  
**DROWNING**, reporting of (examples), 2313.2  
**DRUG ADDICTS**:  
 Admittance to Public Health Service hospitals, 16B35.3  
 Medical survey reports, final action on cases, 3318.3 (j) (3)  
**DRUGS**:  
*See also* **NARCOTICS**  
 Bottles containing, 12B22.5  
 for use of Dependents of naval personnel:  
   In-patient service, 416.4  
   Out-patient service, 418  
 Disabilities due to intemperate use:  
   Absence, procedure, 3216  
   Completion of enlistment, after absence, 323.2  
   Entries on Health Record, 3211, 3212  
   Misconduct status, 324, 3217  
   Pay, forfeiture during absence, 323.1  
   Reports, 3213  
   What constitutes intemperate use, 3211  
 Excessive use, report on, 3213  
 Labeling, 12B22.4  
 Mistakes in identity, precautions against, 12B22.5  
 New drugs, use of, Annual Sanitary Report from ship, 35D12 (I) (4)  
 Poisonings by, 2319  
 Poisonous drugs:  
   Dental officers' prescriptions, 12B21.1, 1330.2  
   Dispensing of, 12B21  
   Prescriptions (general), 12B21.2  
 Removal from containers, 12B22.8  
 at Shore stations, issuance, 12D19  
**DRUNKENNESS. See INTOXICATION.**  
**DUCTLESS GLANDS**, diseases of, classification, pp. 281-282  
**DUTY. See D (DUTY).**  
**DUTY AWAY FROM MEDICAL DEPARTMENT PERSONNEL**, reporting of illness or injury, 237.2

**DUTY STATIONS OF AN INDIVIDUAL**, chronological history on NAVMED-H-5, 2238

**DYSENTERIES**, observation when symptoms are present, 2174

**DYSMENORRHEA**, as cause for rejection, 21101

## E

### EARS:

(For more detailed analysis re acuity of hearing, *see* **HEARING, ACUITY OF.**)

Diseases of, classification, p. 282

Examination of:

Aviation personnel, 21163  
for Deep-sea diving duty, 21134.2 (e), (f)

for Disease, 2129

Hearing, acuity of, tests, 2130, 21163.2

Otoscope examination of auditory canal, etc., 2130

for Submarine service, 21133.2 (e), 21133.4

Medical survey finding of defective hearing, action by medical officers of naval hospitals in U.S., 3318.2 (e)

Standards:

for Appointment, 2132.1, 2132.3

for Aviation personnel (general), 21163

for Aviation personnel in control of aircraft, 21141.1 (b) (4)

for Aviation personnel (non-flying), 21141.2

for Combat aircrew personnel, 21141.2 (f) (5)

for Control tower operators (specialists), 21129.1 (i)

for Deep-sea diving duty, 21134.2 (e), (f), 21134.3

for Enlistment, 2131

for Lookouts, 21126.2 (b)

for Motor torpedo boat training and duty, 21135.2 (g)

for Naval Academy candidates, 2115.2, 2128, 2133

for Promotion, 2132.2, 2132.3

for Sonarmen, 21128

for Submarine service, 21133.2 (e), 21133.4

### EC (DIAGNOSIS ESTABLISHED OR CORRECTED):

Definition and usage of term, 233.5

Diagnosis Undetermined cases, 235.2 (d), 238.1

Error in diagnosis taken up as, 235.2 (c)

### EC. (DIAGNOSIS ESTABLISHED OR CORRECTED.—*Continued*)

Venereal disease cases, entry on NAVMED-H-6, 2241

### ECC FORMS:

CA-4, CA-5, CA-8 (claims for compensation), 4114.2

CA-16 and CA-17 (requests for treatment), 4112.2

CA-20 (Medical Report of Injury), 4114.1, 4114.2

CA-32 (Report on Hernia), 4114.2

CA-78 (Report of Surgical Operations), 4114.2

S-69 (Report of Fees for Specialist), 4123

Supplementary reports in letter form, 4114.3

in Tabulation of Reports, 513

**EDRIDGE-GREEN LAMP**, 2125.6, 21104.6

**EDUCATION OF OFFICERS AND ENLISTED MEN**, functions of Bureau of Medicine and Surgery, 115.3

**EDUCATIONAL MEASURES**, duties of medical officers, 12B5

### EDUCATIONAL REQUIREMENTS:

for Dental Corps appointments, 137 (c)

for Medical Corps appointments, 12A6.1 (b), 12A8.3

for Nurse Corps appointments, 145.2 (c)

**EFFICIENCY RATINGS**, of civil employees, 429

**ELECTROCARDIOGRAMS**, when required, 2164

**ELECTROCARDIOGRAPH**, use in physical examinations, 218

**ELECTROENCEPHALOGRAPH**, use in physical examinations, 218

**EMBALMING**. *See* **DEATHS**—Preparation of remains.

**EMBARKATION TAB**, 5117.1, 5117.3

### EMERGENCIES ON SHIPS:

Duties of medical department, 12C29-12C57

Preparations for, 12C30

**EMERGENCY MEDICAL TAG** (Army), 2252

**EMERGENCY MEDICAL TAG** (Navy). *See* NAVMED-210.

**EMERGENCY OFFICERS' RETIRED LIST**, hospitalization and medical treatment, 4140

**EMPLOYEES' COMPENSATION COMMISSION**. *See* **UNITED STATES EMPLOYEES' COMPENSATION COMMISSION**.

**ENCEPHALITIS LETHARGICA**, history of, disqualification for aviation personnel, 21149.3

**ENDEMICITY, AREAS OF:**

- Cholera, 35B24.1
- Smallpox, annual revaccination of personnel required, 35B6.3
- Yellow fever:

- Areas defined, 35B17.1
- Immunization requirements, 35B17.1, 35B17.3

**ENDOCRINES, diseases of, classification, pp. 281-282****ENEMY ACTION REFUGEES, hospitalization and dispensary service, 4164.1****ENLISTED PERSONNEL:**

*See also* **ENLISTMENT**

Advancement in rating, entry in Health Record, 2215.1

Deaths. *See* **DEATHS**

Fingerprints, requirement, 2248.2

Funeral expenses. *See* **FUNERAL EXPENSES**

Health Record, opening of, 224

Physical examination:

- prior to Discharge, 21118
- Health Record entries, 2221.3
- prior to Retirement, 21118
- for Service school attendance, 21121
- for Submarine service, 21133.1, 21133.4
- for Transfer to Fleet Reserve, 21118.3
- prior to Transfer to shore duty overseas, 21122

Physical standards, for assignment to certain ratings (buglers, etc.), 21132

undergoing Recruit training. *See* **RECRUITS**

Retired personnel. *See* **RETIRED ENLISTED PERSONNEL**

at Shore stations, muster and discipline, 12D17

Special duty, candidates for, color perception standards, 2125.4

Tuberculosis cases, medical survey report; disposition of cases, 3328.4

**ENLISTMENT:**

Absence without leave does not automatically extend period of, 3216.3

Completion in cases of absences caused by misconduct, 323.2

Dental Record, requirement, 2227.1

Expiration of, naval hospital patients, procedure, 16A37.5, 16A37.6

Extension:

- Dental examination, 1326.3
- Dental Record, requirement, 2227.1
- at Naval hospitals, 16A7.4
- NAVMEC-H-2, 2215.3
- Physical examination, NAVMEC-H-8 entries, 2221.3
- Revaccination required, 35B6.3

**ENLISTMENT.—Continued**

Former enlisted man once disqualified for reenlistment, procedure, 2121

in Hospital Corps, general instructions, 152

Physical examination:

Blood pressure readings required, 2164

Chest, 21103.1

Eyes, 2123-2125

Former enlisted man once disqualified for reenlistment, 2121

General instructions, 215

Passing required, 2112

at Shore stations, 12D11

Physical standards:

Abdominal conditions that are causes for rejection, 2175

Application of standards, 2114, 2118.1, 2118.3

Chest, 2160

Ears, 2131

Extremities, 2186

Eyes, 2124.1, 2124.4, 2127

Face, 2147

Genito-urinary system, 2184

Head, 2146

Heart, 2171

Lungs, 2163

Neurological standards, 2189

Perineum and pelvis, 2177

Physical proportions, 2137, 2140

Skin, 2144

Spine, 2158

Teeth, 2150

Visual acuity, 2124.1, 2127

Prospective applicants, dental treatment, limitation, 1328.9

Psychiatric standards, 2192

Reenlistment. *See* **REENLISTMENT**

**ENTERTAINMENT. *See* WELFARE AND RECREATION.****EPIDEMIC DISEASES:**

Annual Sanitary Report from ships, 35D12 (I) (4)

Information concerning, duties of fleet medical officer, 12C9

**EPIDEMICS:**

Reports. *See* **EPIDEMIOLOGICAL REPORT, SPECIAL**

of Yellow fever, emergency booster immunization, 35B17.4

**EPIDEMIOLOGICAL DATA, Annual Sanitary Report from ships, 35D12 (C) (2)**

**EPIDEMIOLOGICAL REPORT (SPECIAL):**

Instructions, 35D1

in Tabulation of Reports, 513

**EPTE (EXISTING PRIOR TO EX-SERVICE PERSONNEL: ENTRY):**

- Complications, 239
- Evidence to be considered, 3220
- not in Line of duty, regulations, 3222, 3319.7, 3320.2
- Line of duty status, consideration of, 3221(a), 3222
- NAVMED-F, Line 6, 236.3
- Taken up as A, 233.1(c), 239

**EQUILIBRIUM:****Standards:**

- for Aviation personnel (general), 21165
- for Nonflying aviation personnel, 21141.2 (f) (7), 21141.2 (g)

**Tests, 21165****EQUIPMENT. See DENTAL SUPPLIES AND EQUIPMENT; FIRST AID—Supplies and equipment; MEDICAL SUPPLIES AND EQUIPMENT; NAVAL HOSPITALS—Property and supplies; SURGICAL SUPPLIES AND EQUIPMENT.****ERROR IN DIAGNOSIS:**

- of Chancroid, 2317.3
- Corrected diagnosis taken up as EC, 233.5(b), 235.2(c)
- Discovery after discharge from sick list, procedure, 2316.8
- in Injury cases (two or more injuries), procedure, 2316.6

**ESCORT FOR THE DEAD. See CORPSE ESCORT.****ESOPHORIA:**

- when Disqualifying for aviation service, 21152.4, 21153.4
- Test, 21152.2

**ESTABLISHED DIAGNOSIS. See EC (DIAGNOSIS ESTABLISHED OR CORRECTED).****EXAMINATIONS. See PHYSICAL EXAMINATIONS; PROFESSIONAL EXAMINATIONS; PSYCHIATRIC EXAMINATIONS.****EXERCISES FOR PHYSICAL EXAMINATION:**

- Observance of mobility of spine, 2157
- Prescribed exercises, 2138
- Results, 2139

**EXISTED PRIOR TO APPOINTMENT OR ENLISTMENT, medical survey report, entry, 3319.7****EXISTING PRIOR TO ENTRY. See EPTE (EXISTING PRIOR TO ENTRY).****EXOPHORIA:**

- when Disqualifying for aviation service, 21152.4
- Test, 21152.2

**See also VETERANS; VETERANS ADMINISTRATION**

- Death certificate of supernumerary patient at naval hospital, 349
- Hospitalization:

- at Army and Navy General Hospital, 16B10

- Discharged personnel retained in hospital, 4136

- Honorably discharged personnel, from receiving ship, 4137

- Naval Home, admission to:

- Persons eligible, 16B12

- Procedure, 16B13

**EXTREMITIES:**

- Examination of, 2185

- Standards for enlistment or appointment, 2186

**EYES:**

- (For more detailed analysis, see **ACCOMMODATION OF EYES; COLOR PERCEPTION; VISUAL ACUITY.**)

**Artificial eyes:**

- for Civil employees, 4125

- Hospitals designated for special treatment of unilateral blindness requiring artificial eye, 16B20

**Blindness. See BLINDNESS**

- Conditions affecting accommodation of, 21157.4

- Diseases of Eye and Adnexa, classification, pp. 282-283

**Examination:**

- Accommodation test for aviation personnel, 21157.1-21157.3

- Angle of convergence, 21158

- Annual examination of commissioned and warrant officers, 21104.5, 21104.6

- Associated parallel movements, test of, 21155

- Aviation personnel (general), 21150-21162

- Color perception, 2125, 21104.6, 21159, 2216.7

- Depth perception tests, aviation personnel, 21151

- Field of vision, aviation personnel, 21160

- Findings as result of refractions, entry on NAVMED-H-3a, 2237

- Gun pointers, 21125.2

- Inspection, aviation personnel, 21156

- Inspection (general), 2123

- Maddox-Rod Screen Test, aviation personnel, 21152

- Naval Academy candidates, 2115.3

**EYES.—Continued****Examination.—Continued**

- NAVMED-H-2, entry on, color perception, 2216.7
- NAVMED-H-3a, entry on, findings as result of refractions, 2237
- Neurological examination, 2188
- Night vision tests, reports, 5140
- Ophthalmoscopic examination, aviation personnel, 21162
- Prism divergence, aviation personnel, 21153
- Promotion, candidates for, special attention to defects, 2116.3
- Range-finder operators, 21125.2, 21125.3
- Red lens test, aviation personnel, 21154
- Refraction:
  - Aviation personnel, 21161
  - Services of civilian specialist, 3113
- Spotter, 21125.3
- Visual acuity tests, aviation personnel, 21150
- Visual acuity tests (general), 2124
- Protection, instruction of submarine personnel, 12E49.1
- Standards:
  - Accommodation power, 21141.2 (f) (4), 21157.4
  - for Aircraft pilots, 21150.4
  - for Antiaircraft gunners, 21125.4
  - for Appointment and promotion, 2126
  - for Aviation personnel (general), 21150.4-21162.2
  - for Aviation personnel in control of aircraft, 21141.1 (b), (c)
  - for Aviation personnel not in control of aircraft, 21141.2 (a), (e), (g)
  - for Combat aircrew personnel, 21141.2 (f) (4)
  - for Control tower operators (specialists), 21129.1
  - for Deep-sea diving duty, 21134.2 (c), (d)
  - for Enlistment, 2127
  - for Flight training candidates, 21150.4
  - for Gun pointers, 21125.2
  - for Lookouts, 21126
  - for Motor torpedo boat training and duty, 21135.2 (b-d)
  - for Permanent promotion, 21109.1
  - for Range-finder operators, 21125.2, 21125.3
  - for Signalmen, 21127

**EYES.—Continued****Standards.—Continued**

- for Sonarmen, 21128
- for Spotter, 21125.3
- for Stereoscopic range-finder operator, 21125.3
- for Submarine service, 21133.2 (b), (c)
- for Women, 2198

**F****F CARD. See NAVMED-F.****FACE:**

- Neurological examination, 2188
- Standards for applicants for enlistment or appointment, 2147

**FAUCES, examination of, 2148****FEDERAL BUREAU OF INVESTIGATION AGENTS, hospitalization, 4156****FEDERAL CIVIL EMPLOYEES. See CIVIL EMPLOYEES.****FEET:**

- Defects, disqualification for motor torpedo boat training and duty, 21135.2 (h)
- Examination, 2185
- Flat foot:
  - in Commissioned and warrant officer, notation in annual examination, 21104.10
  - Importance of, 2185
  - Naval Academy candidates, special attention in examination, 2115.2

**FEHLING TEST (for sugar in urine), 21104.9****FEMALE DISEASES AND CONDITIONS. See WOMEN.****FIELD SANITATION, 35A19, 35A20****FIELD SERVICE, Medical Department's responsibilities, 12E19-12E39****FILARIASIS, medical survey reports, final action on cases, 3318.3 (j) (6)****FILIPINOS, physical proportions, requirements, 2137****FINANCE OFFICER, 1511****FINGERPRINTS:**

- on Death certificates, 344.3 (j)
- Death, procedure in event of, 3413
- of Discharged personnel:
  - on Continuous-service certificate, 2248.5
  - on Discharge form, 2248.4
- of Enlisted personnel, requirement, 2248.2
- of Men recovered from water, method of taking, 3413
- of Officers, requirement, 2248.1
- of Reenlisting personnel, 2248.3

**FIRE AND RESCUE PARTY:**

- Composition, etc., 12C39
- Training in use of rescue breathing apparatus, 12C39.2

- FIRE CONTROLMEN**, enlisted men assigned as, physical requirement, 21132
- FIRE DRILLS AT NAVAL HOSPITALS**. *See* **NAVAL HOSPITALS**—Fire drills, etc.
- FIRE-FIGHTING APPARATUS**, at naval hospitals, daily inspection, 16A22.3
- FIRE HAZARDS**, in naval hospitals, precautions against, 16A13.1
- FIRE QUARTERS**, procedure, 12C37
- FIRES**, in naval hospitals, duties of ward medical officers, 16A28.3
- FIRST AID**:  
     Aviation service, 12E45.1  
     on Ships:  
         Administration by non-medical personnel, 12C34  
         at Battle-dressing stations, directions, 12C46.1  
         Chemical warfare casualties, training of ship's company, 12C35.3  
         Instruction of officers and crew (general), 12C27.1  
     on Submarines:  
         Inspection by medical officers, 12E48.1  
         Instruction of personnel, 12E49.1  
     Supplies and equipment:  
         at Battle-dressing stations, 12C46  
         Duties of medical officer of a ship, 12C30  
         Labeling, 12C46.2  
         on Submarines, inspection, 12E48.1
- FISH**, airplane transportation, across national boundaries, permits, 35C15.1
- "FIT FOR DUTY,"** meaning, when used in medical survey report, 3319.11
- FITTING OUT**, duties of medical officer of a ship, 12C13
- FLAGS**, for funerals, 3456
- FLEA VECTORS**, control measures to prevent plague, 35B29
- FLEET DENTAL OFFICER**:  
     Assignment and title, 1345  
     Duties, 1346  
     Reports required, tabulation, 513
- FLEET HOSPITALS**:  
     in Advanced base areas:  
         Status, 12E56  
         Training of personnel, 12E58  
     Authority for establishment. 16A1  
     Case records. *See* **HOSPITALS**—Case records
- FLEET MARINE CORPS RESERVE**:  
     Death certificate of inactive member, 346.2  
     Dental service to members in inactive status, 1325.3
- FLEET MARINE CORPS RESERVE**.—*Continued*  
     Dependents, hospitalization and medical care, 415.2 (e)  
     Health Record of enlisted persons, 2215.5  
     Hospitalization:  
         in Army and Navy General Hospital, 16B9  
         in Government hospitals other than naval, 16B2.1, 16B4.1  
         in Naval facilities, 4134  
         in Public Health Service hospitals, 16B35.2  
         in Veterans Administration facilities, 16B36.2  
     Medical survey reports, disposition of patients, 3318.3 (b)  
     Medical treatment other than naval, limitation, 317  
     Physical examination for temporary appointment to commissioned or warrant rank, 21111  
     Retirement on grounds of physical disability, medical survey requirement, 3314  
     Transfers to, NAVMED-734, 5128  
     Tuberculosis patients, application for admittance to naval hospital, 3328.4 (d)  
     Widows of members, hospitalization and medical care, 415.2 (f)
- FLEET MEDICAL OFFICER**:  
     Annual Sanitary Report, 12C7, 35D5  
     Appointment, 12C1.1  
     Battle plans, duties re, 12C8  
     Duties, 12C1.2-12C10  
     Epidemic diseases, etc., duties re, information concerning, 12C9  
     Inspection of ships:  
         Outline of general inspection, 12C4  
         Recommendations, 12C4.2, 12C6.2  
         Scope, 12C3  
         Special inspections, 12C5  
         When made, 12C2  
         Written report, 12C6  
     Medical meetings, 12C10  
     Reports required, table, 513
- FLEET RESERVE**:  
     Death certificate for inactive member of, 346.2  
     Dental service to members in inactive status, 1325.3  
     Dependents, hospitalization and medical care, 415.2 (e)  
     Health Record of enlisted persons, 2215.5  
     Hospitalization:  
         in Army and Navy General Hospital, 16B9  
         in Army hospitals, 16B34.2

**FLEET RESERVE.—Continued****Hospitalization.—Continued**

- in Government hospitals other than naval, 16B2.1
- in Naval facilities, 4134
- Other than naval, limitation, 317
- in Public Health Service hospitals, 16B35.2
- in Veterans Administration facilities, 16B36.2
- Medical survey reports, disposition of patients, 3318.3 (b)
- Medical treatment other than naval, limitation, 317
- Physical examinations:
  - of Enlisted men for transfer to, 21118.3
  - for Temporary appointment to commissioned or warrant rank, 21111
- Retirement on grounds of physical disability, medical survey requirement, 3314
- Transfers to, NAVMED-734, 5128
- Tuberculosis patients, application for admittance to naval hospital, 3328.4 (d)
- Widows of members, hospitalization and medical care, 415.2 (f)

**FLIGHT SURGEONS:**

- Assignments:
  - to Aviation units, administrative status, responsibility, 12E42
  - to Naval hospitals, for refresher training, 12E40.2
  - aboard Ships, 12E41
  - at Shore stations, 12E41
  - Types of command, 12E40.2
- Duties and responsibilities:
  - Emergency care of casualties, 12E45
  - General, 12E40.1
  - Recommendations and reports, 12E44
  - Study of flight conditions and personnel, 12E43
- Physical standards, 21141.2 (d), (e)

**FLUOROSCOPE**, use in examination of heart, 2168

**FOOD:**

- Cholera prevention measures, 35B26
- Dietetic standards, responsibility of Medical Department, 112.2
- as Environmental factor, publication of information by Medical Department required, 113.4
- Field messing facilities, 35A19
- Field sanitation plan, 35A20.1 (e)
- Medical officer's responsibility, 12B2, 12B3
- Messing of the sick, duties of medical officers, 12B2

**FOOD.—Continued****in Naval hospitals:**

- Commissary officer's duties, 1515
- Deductions from accounts of officers, for rations, 5146.1
- Entries in journal of officer of the day, 16A20.3
- Inspection of meals and special diets by officer of the day, 16A19.2
- Nurse Corps officers' mess, supervision, etc., 16A32.7
- Ration Notice. *See* **S. AND A. FORM 534**
- Special messes, 16A42
- Veterans Administration outpatients, ration report, 4150.6
- Ward sick, messing of, etc., duties of ward medical officers, 16A28.4
- Sanitary conditions (general), duties of medical officer, 35A3
- Ship's supply:
  - Annual Sanitary Report, 35D12
  - Inspection regulations, where found, 12C16.2
  - at Shore stations, duties of medical officer, 12D4.2
  - Submarine supply, inspection by medical officers, 12E48.1
- FOOD HANDLERS**, field sanitation plan, 35A20.1 (e)
- FOOD POISONING**, special reports on outbreaks, 35D1.2
- FORCE DENTAL OFFICER:**
  - Assignment and title, 1345
  - Duties, 1346
- FORCE MEDICAL OFFICER:**
  - Annual Sanitary Report, 35D5
  - Duties, 12C11
- FOREIGN NATIONS, MILITARY PERSONNEL OF:**
  - Dental treatment, 4162.2
  - Hospitalization, 4162.1, 4169.4
- FOREIGN NAVAL MEDICAL ESTABLISHMENTS**, intelligence reports, 35D14
- FOREIGN PORTS**, sanitary conditions, reports on, 35D15
- FOREIGN SERVICE (STATE DEPARTMENT)**, hospitalization of officers, 4151
- FOREIGN TRAVEL**, immunization, 2236
- FORMER STATUS.** *See* **FS (FORMER STATUS).**
- FORMS.** *See* *headings beginning with:* **ECC; NAVMED; NAVPERS; S. AND A.; VA.**
- FORT WORTH (TEXAS) HOSPITAL.** *See* **PUBLIC HEALTH SERVICE HOSPITAL AT FORT WORTH, TEXAS.**

**FRUITS**, quarantine relative to ships, 35C12

**FS (FORMER STATUS):**

Definition and usage of term, 233.7

Deserters, returned, 235.5

Intervening disabilities while on sick or convalescent leave, 237.13 (c)

Reenlistments while on sick list, 233.7 (c)

Return to, when diagnosis is changed, 235.2 (h)

**FT (FROM TRANSFER):**

Convalescent leave cases, personnel on sick list, 237.17

Definition and usage of term, 233.4

Injuries, 2311.1

Intervening disabilities while on sick or convalescent leave, 237.13 (a), (b)

IS cases, 235.4

NAVMED-582, reporting of certain cases, 35D3.6 (a)

Personnel temporarily away from command, 237.3

Poisonings, 2311.1

Transfers to foreign hospitals, 237.16

Transfers to hospitals in U. S. (other than naval), 237.15

**FUMIGATION OF SHIPS:**

General instructions, 35C4

Quarantine declaration certificate, 35C10

**FUNDS, SOLICITATION AND COLLECTION OF**, regulations governing civil employees, 4215

**FUNERAL ARRANGEMENTS**, duties of record officer, 1513.4

**FUNERAL CEREMONIES:**

at Arlington National Cemetery, arrangements for, 3430 (e)

How conducted (reference to regulations), 3455

**FUNERAL EXPENSES:**

of Active duty personnel, 3443

Appropriation chargeable, 3442

Burial at sea of inactive personnel or civilians, 3454

Burial prior to ascertaining wishes of kin, exhumation of body, etc., 3449

of Civil employees:

Appropriation chargeable, 3442.1, 3442.7

Death in U. S., 4129.3

Coast Guard, 3457

Coroner's inquest, expenses not payable by U. S., 3451

Cremation of remains, 3448

of Destitute persons, 3452

Disposition of remains at activities having contracts for the care of the dead, 3444

**FUNERAL EXPENSES.—Continued**

Fleet Marine Corps Reserve personnel, unclaimed bodies of inactive personnel who die in naval hospitals, burial expenses, 3453

Fleet Reserve personnel, unclaimed bodies of inactive personnel who die in naval hospitals, burial expenses, 3453

when Government services are refused, 3446

at Home, allowance, 3447

Limitation, 3445

of Marine Corps, appropriation chargeable, 3442.1, 3442.3, 3442.7

of Marine Corps Reserve personnel:

Appropriation chargeable, 3442.1, 3442.3, 3442.7

when Death results from injury during peacetime, 3442.5

on Inactive duty, unauthorized, 3442.4

Moneys found among effects of deceased not to be used to defray expenses, 3452.2

of Naval Reserve Officers Training Corps, 3442.1

of Naval Reserve personnel:

Appropriation chargeable, 3442.1, 3442.7

when Death results from injury during peacetime, 3442.5

on Inactive duty, unauthorized, 3442.4

of Nurse Corps officers:

Appropriation chargeable, 3442.1 on Inactive duty, unauthorized, 3442.4

of Pensioners who die in naval hospital, appropriation chargeable, 3442.2, 3442.7

when Payment by Government is authorized, 3440

of Retired personnel:

Appropriation chargeable, 3442.1, 3442.3, 3442.7

on Inactive duty, unauthorized, 3442.4

Unclaimed bodies, 3453

Specific provisions of appropriation, 3441

Unclaimed bodies, burial of, 3453

of Veterans Administration patients who die in naval hospitals, 3442.6

**FUNERAL FLAGS**, 3456

**FUNGUS INFESTIONS:**

Classification of diseases, p. 291

Quarterly Sanitary Report, shore stations and hospitals, 35D9 (D)

**G**

**GALAPAGOS ISLANDS**, disinsection of aircraft arriving from, limitation on requirement, 35C16.4

**GARBAGE DISPOSAL:**

Medical officer's duties, 35A6  
 Quarterly Sanitary Reports, shore stations and hospitals, 35D9 (D)

**GASTRO-INTESTINAL SYSTEM:**

*See also* ABDOMEN

Standards:

for Deep-sea diving duty, 21134.2 (k)

for Motor torpedo boat training and duty, 21135.2 (i)

for Submarine service, 21133.2 (i)

**G-COMPONENTS**, of advanced base organization, 12E55, 12E56

**GENERAL NAVAL AND MILITARY AGENTS AND HAZARDS**, pp. 313-314

**GENERAL ORDER NO. 211:**

Line of duty status of death or disability resulting from medical treatment, 3227

Line of duty status of disability resulting from refusal of corrective treatment, 3229

Measures which medical officers may take in conformance with, 12B31.1

**GENERAL QUARTERS.** *See* BATTLE STATIONS.

**GENITALIA OF WOMEN** (external), examination of, 21101.2

**GENITO-URINARY SYSTEM:**

Diseases of (nonvenereal), classification, pp. 283-284

Examination of:

Albuminuria, procedure on finding, 2179

for Deep-sea diving duty, 21134.2 (j)

Glycosuria, procedure when detected, 2181

Kahn (Wassermann) test, 2182 21100

Low specific gravity of urine, procedure, 2180

Methods, 2178

Syphilis, test, 2182

Standards:

Albuminuria as cause for rejection, 2179

for Deep-sea diving duty, 21134.2 (j), 21134.3

for Enlistment or appointment, 2184

Positive serologic reaction (persistent) in serologic test for syphilis a cause for rejection, 2182.2

for Warrant or commissioned rank, 2183

**GEORGIA WARM SPRINGS HAZARDS:**

FOUNDATION, transfer of patients to, 16B21.3

**GLUCOSE SOLUTIONS**, instruction of pharmacist's mates on administration, 157.6

**GLYCOSURIA**, procedure when detected, 2181

**GOLD SCRAP**, salvaging, 1333.7

**GNONOCOCCUS INFECTION:**

*See also* VENEREAL DISEASES

Diagnostic titles, 2317.1, 2317.2

Submarine personnel, treatment of, 12E50.1-12E50.3

**GOVERNMENT HOSPITALS OTHER THAN NAVAL:**

*See also* HOSPITALIZATION

—Other than naval

Admission of patients:

Active duty personnel, 16B2.1, 16B3

Authority, 16B2

Inactive personnel, 16B2.1, 16B4

Retired personnel, 16B2.1, 16B4

Who may be admitted, 16B2

Army hospitals, 16B34

Public Health Service hospitals, 16B35

Veterans Administration facilities, 16B36

**GREENLAND**, disinsectization of aircraft arriving from, limitation on requirement, 35C16.4

**GUANTANAMO:**

Domestic, for purposes of quarantine, 35C9.2

Enforcement of quarantine regulations, 35C5.2

**GUNNER'S MATES**, motor torpedo boats, vision standards, 21135.2 (b)

**GUN POINTERS:**

Physical examination:

for Position, 21125.1

before Record target practice, 21125.2

Visual acuity standards, 21125.2

**H**

**HAIR**, diseases of, classification, p. 289

**HARBOR AND HARBOR ENTRANCE CONTROL DEFENSE PERSONNEL**, special physical requirements, 21130

**HAWAII:**

Disinsectization of aircraft prior to last take-off before arrival, requirement, 35C16.4

a Domestic possession for purposes of quarantine, 35C9.2

Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2

**HAZARDS:**

Classification (general statement), 2321

**HAZARDS.—Continued**

Illness or injury due to submarine or diving duty, admission to sick list, 12E53

**Lists:**

Industrial and miscellaneous, pp. 314–318

Naval and military, pp. 312–314  
Minimization, functions of Medical Department, 112.3

in Naval hospitals, precautions against industrial hazards, duties of medical officer in command, 16A13.1

Quarterly Sanitary Report, shore stations and hospitals, on industrial health hazards, 35D9 (D)

Specialty letters for reporting, 2314.1

**HEAD:**

Examination of, 2145

Injuries, hospitals designated for surgical treatment, 16B19

Standards, 2146

**HEADSTONES, application for. See WAR DEPARTMENT O. Q. M. G. FORM 623.****HEALTH:**

Industrial health:

Data sheet (monthly report).

See NAVMED–576

Monthly report, 12D6. 513, 5133

Medical officer's responsibility, 12B3

Shore stations personnel, duties of medical officer, 12D4

**HEALTH EDUCATION, medical officer's responsibility, 12B5****HEALTH RECORDS:**

See also NAVMED–H

Abbreviations for sick list entries, 232, 234

Abstract of Service and Abstract of Medical History. See NAVMED–H–5

Antiluetic treatment. See NAVMED–H–7

Approval of entries, 225.8

Army and Navy General Hospital, presentation for admission to, 16B11 (c)

of Army personnel. See ARMY—Health Records of personnel

Autopsy, result to be recorded, 3415

Availability to dental officer upon arrival at ship, 12B16.7, 2230.2

Aviation Medical Abstract. See NAVMED–H–9

Birth, entry of date and place, 222.2

Changes in rank or status:

Midshipmen, 2214

Nurse Corps officers, 2213

Officers, 2212

Changes in rate or status of enlisted personnel, 2215

**HEALTH RECORDS.—Continued**

of Coast Guard personnel, entry for hospitalization:

Enlisted personnel, 4148

Officers, 4147.2

Complication or sequela, note on, 233.3 (d)

**Composition:**

NAVMED's included, 221

Restrictions, 221.2

Confidential nature of, 225.3

Control tower operator (specialist), special examination, record of, 21129.2

Correction, etc., upon receipt, 225.4

**Custody:**

Change of, restriction in, 237.15

Lost, damaged, or destroyed records, 2211

Nurse Corps officers, 2210

Personnel on Army transport, 226.5

Receipt and disposition record, 225.2

Removal of patient to a foreign hospital, 228.2

Reserve personnel on inactive list, 229

Responsibility of medical officers, 225

Transfers to naval hospitals, 227

Transfers to other than naval hospitals, 228

Transfers to ships or stations, 226

of Deep-sea divers, annual physical examination to be noted, 12E52.3

Dental examination upon reenlistment, etc., insertion of record, 1326.3, 2227.1

Dental officer's duties, 2230.2. 2230.3

Dental Record. See NAVMED–H–4

Description, 221

in Disappearance cases, 225.12

Drunkenness, report by medical officer, 3214

Duplication, 2211

Duties of junior medical officers, 12B29.3

Erroneous entries, correction of, 225.9

Examination for enlistment, 215, 2112.1

Examination of enlisted men prior to discharge or retirement, 21118

Examination prior to detachment for duty outside continental limits, 21108

Excessive use of intoxicants or drugs, 3213

File or service number, entry, 222.2

**HEALTH RECORDS.—Continued**

Foreign ports, procedure on ship's departure from or arrival at, 12C20.4 (b), (c), 228.2

Foreign service expeditions, procedure, 226.5

Illegible records, duplication, 2211.2

Immunization Record. *See* **NAV-MED-H-3**

Injuries and poisonings, reporting of:

Data to be entered, 2311

Nomenclature of nature and cause of violence, 2321

Inspection, by whom allowed, 225.3

IS cases, diagnosis, 235.4

Limited duty cases, notations of re-examinations, 3313

Medical History. *See* **NAVMED-H-8**

Medical survey, entry of findings, etc., required, 3322, 2225.2

Misconduct entries:

Absence due to alcohol or drugs, 3216

by Boards of medical officers, 327

Commanding officer to be informed, 326.2

Disabilities due to alcohol or drugs, 3211, 3212

Patient to be informed, 326.1, 327, 3210

Rebuttal by patient, 326, 329

Responsibility of medical officer, 12B15, 325, 2220.5

Venereal disease due to misconduct, 3215.2

Misconduct status, cases submitted to Judge Advocate General, 329

Name entry, 222.2

Names of persons making entries to be typed, 225.7

Naval hospital entries, approval by medical officer in command, 16A11.1

"Not in the line of duty" entry, 3230 of Nurse Corps officers in naval hospitals, 16A32.6

of Officers appearing before a medical board, forwarding of, etc., 225.5

of Officers discharged from treatment at naval hospital, 225.6

Opening:

Enlisted personnel, 224

General, 222

Midshipmen, 223.4

Officers, 223

of Patient sent to another ship or station for dental treatment, 12B16.2, 2230.3

of Patient transferred from ship or station to hospital, 12C20.3, 227

**HEALTH RECORDS.—Continued**

of Patient transferred to Veterans Administration facility, medical history to accompany, 3330.4 (c)

Physical examination. *See* **NAV-MED-H-2**

Pre-transfer examination, 12B12

Rank or rate entry, 222.2

Removal in case of collision, 12C38

Removal of sheets, 225.10

Roentgenographic examinations of chests upon discharge, etc., entry on **NAVMED-H-8**, 21103.6 (c), 2225.5

Signing of original entries by Hospital Corps personnel, 157.10

Special Duty Abstract. *See* **NAV-MED-H-3a**

of Stragglers, how obtained, 225.11

Termination:

Desertion cases, 2243.1, 2243.4

District medical officer's duty, 2243.3

General instructions, 2243

Midshipmen's records, 2244

**NAVMED-H-2**, entries, 2243.2, 2243.4

Nurse Corps officers' records, 2243.5

Retired personnel, 2245

Supernumeraries, 2246

When terminated, 2243.1

Transfer from ship to other than a U.S. naval hospital, 12C20.4, 228.1

Urinalysis, notes on annual examination of commissioned and warrant officers, 21104.9

Venereal Disease Abstract. *See* **NAVMED-H-6**

Venereal disease complications, 2317.2 (c)

Venereal disease due to misconduct, entry on, 3215.2

of Women, Kahn and x-ray examinations, entries on, 21100

**HEARING, ACUITY OF:**

Expression in fraction form, 2130

Medical survey finding of defective hearing, disposition of patient, 3318.2 (e)

Standards:

for Appointment, 2132.1

for Aviation personnel (general), 21163

for Aviation personnel in control of aircraft, 21141.1 (b) (4)

for Combat aircrew personnel, 21141.2 (f) (5)

for Deep-sea diving, 21134.2 (e), (f), 21134.3

for Enlistment, 2131

for Lookouts, 21126.2 (b)

**HEARING, ACUITY OF.—Cont.**Standards.—*Continued*

- for Motor torpedo boat training and duty, 21135.2 (g)
- for Promotion, 2132.2
- for Sonarmen, 21128
- for Submarine service, 21133.2 (e)

## Tests:

- Aviation personnel, 21163.2
- Method (general), 2130

**HEART:***See also* **CIRCULATORY SYSTEM; BLOOD VESSELS**

Enlargement of left heart and albuminuria, 2179

## Examination:

- Annual examination of commissioned or warrant officers, 21104.7

Auscultation, 2164.6

Dilatation, 2168

Exercise test, 2165

Hypertrophy, 2168

Inspection, 2164.2

Interpretation of abnormal signs and symptoms, 2167

Mensuration, 2164.5

Methods (general), 2164

Naval Academy candidates, special attention, 2115.2

Palpation, 2164.3

Pathological murmurs, 2170

Percussion, 2164.4

Physiological murmurs, 2169

Rheumatic mitral valve disease, when considered present, 2170.2

Measurements, normal, 2164.5

Pathological murmurs, 2170

Physiological murmurs:

- Characteristics, 2169.2
- Significance, etc., 2169.1
- Types, 2169.3

## Pulse rate:

- Mean performance basis for acceptance or rejection, 213
- Method of taking, aviation personnel, 21149.4 (d)
- Naval Academy candidates, recording of readings, 2115.2
- Permanent promotion examinations, recording of, 21109.1

## Standards:

- for Aviation personnel, 21141.2, 21149.4 (c), (d)
- for Candidates for appointment or enlistment, 2171
- for Combat aircrew personnel, 21141.2 (f) (3)
- for Deep-sea diving duty, 21134.2 (i)
- History of disease, disqualification for aviation personnel, 21149.3

**HEART.—Continued**Standards.—*Continued*

for Naval Academy candidates, 2172

Physiological murmurs, certain types, not cause for rejection, 2169

for Submarine service, 21133.2 (h)

Systolic murmur and history of rheumatic fever, significance, 2170.2

**HEATING**, Annual Sanitary Report from ships, 35D12 (A) (3)

**HEIGHT:**

## Standards:

for Appointment, 2137, 2141

for Aviation personnel (general), 21149.4 (a)

for Combat aircrew personnel, 21141.2 (f) (1)

for Enlistment, 2137, 2140

General, 2137

for Midshipmen, 2137

for Naval Academy candidates, 2142

for Women, 2197

Tables of height, weight, etc.:

for Men, 2137

for Women, 2197.1

**HEMORRHOIDS**, as disqualification for deep-sea diving duty, 21134.2 (1)

**HERNIAS:**

Classification of, p. 290

Report on (ECC Form CA-32), 4114.2, 4117

**HOME**, defined (Nurse Corps orders), 1426.3

**HOMICIDE**, key letter, 2313.1 (b)

**HOSPITAL APPRENTICES**, transfer to Hospital Corps schools, 154

**HOSPITAL BED CAPACITY**, quarterly report. *See* NAVMED-103.

**HOSPITAL CORPS:**

*See also* **UNITED STATES NAVAL HOSPITAL CORPS SCHOOL (WOMEN'S RESERVE)**

Advancements (examination, etc.) 155

Armed guard at naval hospitals, restriction on organization, 16A17.3

Assignment and Housing, letter report:

Contents, 5131

in Tabulation of Reports, 513

Assistant to the executive officer (administrative), 1510

Aviation activities:

Attendants for patients in air transit, 12E46.2

First-aid training, 12E45.1

**HOSPITAL CORPS.—Continued**

- Courses of instruction, 156
- Dental duties, corpsmen assigned to, 1332
- Duties of officers:
  - Assistant to executive officer (administrative), 1510
  - Commissary officer, 1515
  - Finance officer, 1511
  - General, 159
  - Maintenance officer, 1514
  - Personnel officer, 1512
  - Pharmacy officer, 1516
  - Postal officer, 1519
  - Record officer, 1513
  - Ship's Service officer, 1518
  - Welfare officer, 1517
- Enlisted personnel, combined report of. *See* **NAVMED-590**
- Enlistments, instructions governing, 152
- General information, 151-158
- Independent duty, 157.9, 157.10
- Laws, 151
- in Naval hospitals:
  - Assignment to duty, 16A35.2
  - Duties, enlisted personnel, 16A35.1
  - Instruction, 16A10.2 (g)
  - Master-at-arms, 16A22.3
  - Officers, 159-1519
  - Supervision, 16A35.3
  - Training, 16A41.1, 16A41.2
  - Ward duty, authority of Nurse Corps officers, 16A34.2
- Physical examination required for enlistment, 152.2
- Physical examinations, performing of, 157.10
- Preparation for battle, assignment of corpsmen, 12C34
- Professional examination required for enlistment, 152.2
- Psychiatric unit, corpsmen in, 21119.2
- Psychotic patients, corpsmen as attendants for, upon transfer to designated hospitals, 16B26.1
- Receipt, Transfer and Status Card. *See* **NAVMED-HC-3**
- Records, duties of record officer, 1513.1
- Roster Report. *See* **NAVMED-HC-4**
- Schools, transfer of hospital apprentices to, 154
- Service in absence of medical officer, 157.10
- Service Record entries:
  - Assignment to special duty, 157.2
  - Completion of training course, 157.8

**HOSPITAL CORPS.—Continued**

- on Ships, Annual Sanitary Report, data to be included in, 35D12 (E) (3)
  - Specialty training, recommendation for:
    - Instructions, 5136
    - in Tabulation of Reports, 513
  - Technician examination, limitation of applications, 155.4
  - Training of corpsmen:
    - Certificate, 157.8
    - Chemical warfare, medical aspects of, 12C35.3
    - Classroom instruction, 157.2
    - Duties of assistant to the executive officer (administrative), 1510.6
    - First-aid instruction, personnel on ships, 12C27 (b)
    - General Navy training courses, 157.8
    - General statement, 157
    - Instruction continuous, etc., 157.5
    - Instructors, 157.7
    - in Naval hospitals, 16A10.2 (g), 16A41.1, 16A41.2
    - Pharmacist's mates, 157.6
    - Pharmacy, etc., instruction in, 1516.2
    - Rating, 157.8
    - Rotation of assignments, 157.2
    - Service Record entry on completion, 157.8
  - Transfer from other ratings, 153
  - Vessels without medical officer, need of trained corpsmen, 157.9
  - WAVES, assignment and housing, letter report, 5131
- HOSPITALIZATION:**
- of Civil employees, 4116
  - of Dependents of naval personnel. *See* **DEPENDENTS OF NAVAL AND/OR MARINE CORPS PERSONNEL**—Medical care and hospitalization
  - District medical officer's duties, 12D2.7
  - of Inactive duty personnel. *See* **INACTIVE DUTY PERSONNEL**—Hospitalization
  - of Marine Corps Reserves. *See* **MARINE CORPS RESERVES**—Hospitalization
  - Monthly report, 4169
  - of Naval Reserves. *See* **NAVAL RESERVES**—Hospitalization
  - Other than naval:
    - See also* **GOVERNMENT HOSPITALS OTHER THAN NAVAL**
    - Bills required in certain cases, 3110.2, 3110.3

**HOSPITALIZATION.**—*Continued*Other than naval.—*Continued*

Civilian hospitalization, at Government expense, in other than Federal hospitals, when allowed, 311.3

Claims required in certain cases, 311.01

Detached duty personnel, 314

Enlisted personnel on leave or liberty, 316

in Federal hospitals other than Navy, Army, or Public Health Service, 311.2

Fleet Reserve and Fleet Marine Corps Reserve, inactive members, regulations, 317

General summary, 311

Officers absent from duty stations, 315

Prompt report necessary, 313

Reciprocity with Army and Coast Guard, 319

Reports (detailed) not required for treatment of active duty personnel at Army or Public Health Service facilities, 319.2

Reports in cases of emergency treatment, 318

Retired officers and enlisted personnel, 317

of Psychotics. *See* **PSYCHOTICS**—Hospitalization

Reciprocal per diem rate, promulgation, 4169.7

Report of Admission or Discharge of Officer. *See* **NAVMED-HF-1** of Supernumeraries. *See* **SUPER-NUMERARIES**

of Veterans, line of duty status, effect of, 322.7

**HOSPITALIZED PERSONNEL**, disqualified for temporary appointment or promotion, 21113.6, 21114.2

**HOSPITAL RATION NOTICE.** *See* **S. AND A. FORM 534.**

**HOSPITALS:**

Government hospitals other than naval. *See* **GOVERNMENT HOSPITALS OTHER THAN NAVAL**

Maternity and infant care. *See* **MATERNITY AND INFANT CARE**

Naval hospitals. *See* **NAVAL HOSPITALS**

Naval special hospitals. *See* **NAVAL SPECIAL HOSPITALS**

Overseas hospitals, evacuation of officer patients to hospitals in U.S., report of medical survey required, 3310.3

**HOSPITALS.**—*Continued*

Records:

Case records, 514

Ward records, 515

in Seaport cities and towns, intelligence reports, 35D13.1 (b)

Special hospitals:

(For detailed analysis, *see*

**ARMY AND NAVY GENERAL HOSPITAL; NAVAL SPECIAL HOSPITALS; PSYCHOTICS—Hospitalization; UNITED STATES NAVAL HOME)**

Army and Navy General Hospital, 16B5–16B11

General information, 16B1

Naval special hospitals, 16B24 for Psychotics, 16B25–16B33

United States Naval Home, 16B12–16B14

Specialized treatment, hospitals designated for. *See* **SPECIALIZED TREATMENT**—Hospitals designated for

Transfers of patients:

*See also* **NAVAL HOSPITALS**—Transfers

to Foreign hospitals, 237.16

to Hospitals in U.S. other than naval, 237.15

**HOSPITAL SHIPS:**

Daily Personnel Report. *See* **NAVMED-HF-10**

Functions of Bureau of Medicine and Surgery, 115.1, 115.6

Medical department, what constitutes, 16A49

Medical officer, 16A50

Regulations, 16A48

Special identification cards for personnel, 2251.2

Weekly Report of Patients, 5111

**HOSPITAL TICKET.** *See* **NAVMED-G.**

**HOSPITAL TICKET-WOMEN.** *See* **NAVMED-416.**

**HOSPITAL TRANSPORT,** Weekly Report of Patients, requirement, 5111

**HOT WATER TANKS,** in barracks, requirements, 35A15.3 (f)

**HYGIENE:**

Cholera prevention, high standards for, 35B26

Educational measures, 12B5.1

Field service personnel, indoctrination, 35A20.1 (a)

Oral hygiene. *See* **ORAL HYGIENE**

of Shore stations, responsibility of medical officer, 12D4

**HYGIENE.—Continued**

Standards (general), responsibility of Medical Department, 112.2  
Typhus (epidemic), high standards for prevention of, 35B23

**HYPERPHORIA:**

when Disqualifying, for aviation service, 21152.4

Test, aviation service, 21152.2

**HYPERTHYROIDISM**, high pulse rate as symptom, 2164.3

**I**

**ICELAND**, disinsectization of aircraft arriving from, limitation on requirement, 35C16.4

**IDENTIFICATION:**

*See also* **FINGERPRINTS; IDENTIFICATION RECORDS**

of Dead bodies, 3413

Dental Record, use of, 2228.2, 2228.3

of Dependents (of naval personnel) applying for medical or hospital care, 419

Medical survey report, entry, 3319.2

**IDENTIFICATION CARD, SPECIAL.** *See* **NAVPERS-546.**

**IDENTIFICATION RECORDS:**

Army personnel:

Arrival of patient at Naval Medical Department activity, procedure, 2252.1

Discharge of patient to duty, 2252.3

Transfer of patient at naval medical unit, procedure, 2252.2

Navy (NAVPERS-680) and Marine Corps (NMC-330):

Contents, 2247

Fingerprint entries (general), 2248

Fingerprints taken from dead bodies, forwarding on, 3413

For whom made, 2247

Personal description entries, 2249

**IDENTIFICATION TAGS:**

Burial, procedure in event of, 2250

Death, procedure in event of, 3413

Description, 2250

Final preparation for battle, 12C52.3

NAVMED-H-8 entry, 2225.4

Tetanus immunization record, 35B14

**IDENTITY TAG (PATIENT'S).**

*See* **NAVMED-70.**

**IMMUNIZATION:**

Agents:

*See also* **COWPOX VIRUS; TETANUS ANTITOXIN; TETANUS TOXOID; TYPHOID** — Paratyphoid vaccine; **TYPHUS VACCINE; YELLOW FEVER VACCINE**

Procurement, 35B5.2

Standards, 35B5.1

Use of (general), 35B2

Aircraft passengers (naval aircraft):

Certificate, 35C14.2 (b)

Departure for overseas, 35C14.3

Exemptions from requirements, 35C14.2 (d)

Medical officer's inspection, 35C14.2 (b)

Public Health Service requirements, 35C14.2 (f)

Annual Sanitary Report from ships, 35D12 (C) (1)

Booster immunization, lapse of, 35B3.5

**Cholera** (for analysis, *see* **CHOLERA** — Immunization), 35B24-35B26

Compulsory measures, 12B31.1 (a) of Crew of a ship, duties of medical officer of ship, 12C13.2

Definition of prophylactic immunization, 35B1

prior to Field service, requirements to be completed, 35A20.3

prior to Foreign travel, certified record required, 2236, 35B3.3

Functions of Medical Department, 113.1, 113.3

General provisions, 35B1-35B5

Health Record entries, 35B3.1, 35B3.2

Intervals between injections, 35B3.4 against More than one disease, timing of inoculations:

Smallpox and yellow fever, 35B3.6, 35B18

Typhoid and yellow fever, 35B18

**Plague** (for analysis, *see* **PLAGUE** — Immunization), 35B27-35B29

Quarterly Sanitary Report, shore stations and hospitals, 35D9 (F)

Record. *See* **NAVMED-H-3**

Requirements (general), 35B3

Responsibility for, 35B3.1

Smallpox (for analysis, *see* **SMALLPOX** — Immunization against), 35B6-35B9

Tetanus (for analysis, *see* **TETANUS**), 35B12-35B16, 2250

Transfers, procedure in cases of, 35B3.2

**IMMUNIZATION.—Continued**

Typhoid and paratyphoid (for analysis, *see* **TYPHOID AND PARATYPHOID FEVERS**), 35B10–35B11

Typhus fever (for analysis, *see* **TYPHUS** — Immunization), 35B21–35B23

Unfavorable reactions:

Procedure, 35B4

Reports:

Requirement, 35B4

in Tabulation of Reports, 513

Yellow fever (for analysis, *see* **YELLOW FEVER** — Immunization against), 35B17–35B20

**INACTIVE DUTY**, return to, of personnel in Fleet Reserve or Fleet Marine Corps Reserve, medical survey requirement, 3314

**INACTIVE DUTY PERSONNEL, HOSPITALIZATION:**

at Army and Navy General Hospital, 16B9

at Government hospitals other than naval, 16B2.1, 16B4

**INCOME TAX**, exemptions when disabilities occur in line of duty status, 322.4

**INCUBATION PERIODS**, for quarantine purposes, 35C3

**INDEPENDENT DUTY PERSONNEL:**

NAVMED-F, 237.9

NAVMED-582 (Monthly Morbidity Report), 35D3.6 (g)

**INDIVIDUAL STATISTICAL REPORT OF PATIENT.** *See* **NAVMED-F**; **NAVMED-Fa**.

**INDUCTED PERSONNEL:**

Physical standards, 2195

undergoing Recruit training. *See* **RECRUITS**

**INDUCTION CENTERS**, roentgenographic films of chest examinations, forwarding of, 21103.6 (d) (3)

**INDUSTRIAL HAZARDS.** *See* **HAZARDS.**

**INDUSTRIAL HEALTH.** *See* **HEALTH.**

**INDUSTRIAL HEALTH REPORT DATA SHEET.** *See* **NAVMED-576.**

**INFANT CARE.** *See* **MATERNITY AND INFANT CARE.**

**INFECTIOUS DISEASES.** *See* **COMMUNICABLE DISEASES.**

**INFLAMMABLE LIQUIDS**, fire quarters, procedure, 12C37.3

**INFORMATION FOR NEXT OF KIN:**

Marine Corps. *See* **NAVMC-817-QM**

**INFORMATION FOR NEXT OF KIN.—Continued**

Navy. *See* **NAVMED-HF-61**

**INJURIES:**

Additional injuries from same accident, 233.6 (c), 2311.2

Admission to sick list, classification, **NAVMED-H-8** entry, 2220.3

Circumstances of occurrence, 2311.3

Classification of, pp. 293–294

Data, rules for reporting, 2318

Diagnosis Undetermined, 2316.3

Hazards:

General statement, 2321

List, pp. 312–318

Key letters, 2313

while on Leave, **NAVMED-H-8** entry, 2223

Line of duty status. *See* **LINE OF DUTY STATUS**

Methods of reporting, 2311

Precedence of diagnostic titles when two or more injuries, 2316.6

Taking up, more than one from same violence, 233.6 (c)

**INOCULATION.** *See* **IMMUNIZATION.**

**INSANE PERSONS.** *See* **PSYCHOTICS.**

**INSANITY.** *See* **MENTAL ILLNESS.**

**INSECT-BORNE DISEASES, PREVENTION AND CONTROL:**

Approaches to, 35A10.3

Disease-bearing insects other than mosquitoes, control of, 35A11

Duties of medical officer, 35A10.1

Insect pests, control of, 35A12

Mosquito control. *See* **MOSQUITOES**

**INSECT CONTROL:**

*See also* **DISINSECTIZATION; MOSQUITOES**

Medical officer's responsibility, 12B3, 35A12

Quarterly Sanitary Report, shore stations and hospitals, 35D9 (D)

**INSECTICIDES**, for disinsectization of aircraft, 35C16.2, 35C17.1, 35C17.2

**INSECTS** (caged) on naval aircraft, pilot's declaration, 35C14.2 (f)

**INSURANCE COMPANIES:**

Blank forms, completion by medical officers, 12B25.1

Death reports, 12B25.4

**INSURANCE (LIFE)**, death reports for purposes of, 3412

**INTELLIGENCE REPORTS:**

of Foreign naval medical establishments, 35D14

of Foreign ports, 35D15

for Intelligence officer. *See* **NNI-96**

of Survivors' experiences, 35D16

in Tabulation of Reports, 513

**INTEMPERATE HABITS**, as ban on enlistment, 2113.2

**INTERCURRENT DIAGNOSIS**, changed and taken up as AD, 233.6 (b), 235.2 (f)

**INTERCURRENT DISABILITIES**, change of diagnosis to be made promptly, 2316.7

**INTERNS IN NAVAL HOSPITALS**. *See* NAVAL HOSPITALS—Interns.

**INTERVENING DISABILITIES**: while on Leave as a patient, 237.14 while on Sick or convalescent leave, 237.13

**INTESTINAL PARASITES**, examination of applicants for rating of steward's mates, 21123

**INTESTINES**. *See* GASTRO-INTESTINAL SYSTEM.

**INTOXICATING LIQUORS**. *See* ALCOHOLIC LIQUORS.

**INTOXICATION**: as Ban on enlistment, 2113.2 Examination for evidence of, 12B26 Injury cases, data, 2318 Medical officer's duties, 3214

**INTRAVENOUS THERAPY**, instruction of pharmacist's mates attached to submarines, 12E49.2

**INVALIDED FROM SERVICE**. *See* IS (INVALIDED FROM SERVICE).

**INVENTORIES**: Decommissioning Inventory: Instructions, 12B11 in Tabulation of Reports, 513 Storeroom, statement of, in Tabulation of Reports, 513

**INVESTMENT, CAPITAL, STATEMENT OF**, in Tabulation of Reports, 513

**IS (INVALIDED FROM SERVICE)**: Diagnosis Undetermined not to be disposed of as, 238.3 Disposition of cases, 235.4

**ISOLATED DUTY PERSONNEL**: Monthly Morbidity Report (NAV-MED-582), 35D3.6 (g) NAVMED-F, 237.9

**ISOLATION WARDS**, on ships, Annual Sanitary Report, 35D12 (E) (1)

## J

**JAEGER TEST TYPE**, 21141.2 (f) (4)

**JAUNDICE**, examination of skin for, 2143

**JOINTS**, exercises during physical examination, 2138.1-2138.3

**JOURNAL**, of medical officer, 12B7

**JUDGE ADVOCATE GENERAL**: Cases involving absence due to alcohol or drugs, reference to, 3216 Loss of pay in cases of absence due to misconduct, decision on, 3217.1 Misconduct decisions, transmission of requests for, 329 Misconduct status, determination of, when medical record is incomplete, 3219

**JUNIOR MEDICAL OFFICERS**: Absence from duty, permission to be obtained, 12B30 Duties, 12B29

## K

**KAHN TEST**. *See* SYPHILIS—Tests.

**KEROSENE**, in insecticides, instructions on use, 35C17.2

**KEY LETTERS**: Classification, 2313.1 (b) Examples, 2313.2 How used, 2313.1 (a)

**KEYS OF NAVAL HOSPITALS**. *See* NAVAL HOSPITALS—Keys.

**KIDNEYS**: *See also* GENITO-URINARY SYSTEM Disease of, a bar to deep-sea diving duty, 21134.2 (j)

**KILLED, WOUNDED, AND MISSING**: *See also* CASUALTIES Report of, in Tabulation of Reports, 513

## L

**LABORATORY SERVICE**, Naval Medical School, 16C10

**LABORATORY SUPPLIES**, from Naval Medical School, 16C11

**LABORATORY TECHNICIAN**, assignment of hospital corpsman to special duty as, 157.2

**LABOR BOARDS**: Duties, etc., 423 Members designated to examine civil employees, 21136.1

**LABORERS**, restrictions on employment, 425.2

**LABOR ROLL SUMMARY**. *See* S. AND A. FORM 184.

**LARVICIDES**, use of, 35A10.3 (a)

**LARYNX**: Examination, 2148 Standards for enlistment or appointment, 2149

**LATHER BRUSH BRISTLES**, anthrax under quarantine regulations, 35C2

**LATRINES**, care of, field service sanitation plan, 35A20.1 (b)

- LAUNDRY FACILITIES**, Quarterly Sanitary Report, shore stations and hospitals, 35D9 (D)
- LAVATORIES, REQUIREMENTS:**  
for Barracks, 35A15.3 (c)  
for Battle-dressing stations, 12C48.2  
for Naval hospitals, 35A16.2
- LEAVE:**  
of Civil employees. *See* **CIVIL EMPLOYEES**—Leave  
Convalescent leave. *See* **CONVALESCENT LEAVE**  
on Discharge from treatment, case disposed of as D, 235.1 (c)  
of Naval hospital personnel, duties of executive officer re requests, 16A17.4  
Nurse Corps officers, (for analysis, *see* **NURSE CORPS**—Leave), 1417-1424  
as a Patient, intervening disabilities, 237.14  
Sick leave. *See* **SICK LEAVE**  
Sickness or injury occurring while on leave:  
when Away from Medical Department personnel, 237.2  
NAVMED-F, 237.11
- LEGS:**  
Examination, 2185  
Exercises, in physical examination, 2138.3  
Standards for appointment or enlistment, 2186
- LENGTH OF SERVICE** (Line 3, NAVMED-F), 236.3
- LEPROSY:**  
Aircraft quarantine regulations, applicability, 35C14.1  
in Aliens:  
"Q" flag regulations for vessels with medical officers aboard, 35C8.3  
"Q" flag regulations for vessels with no medical officers aboard, 35C9.4  
Subject to quarantine, 35C2
- LETTER REPORTS.** *See* **REPORTS.**
- LETTERS:**  
Key letters, 2313  
Specialty letters, 2314
- LETTER TO NEXT OF KIN**, 3417.2
- LIBERTY LISTS**, of naval hospitals, duties of executive officer, 16A17.4
- LIBRARIANS**, in naval hospital libraries, 16A44.4
- LIBRARIES IN NAVAL HOSPITALS:**  
Civilian librarians, 16A44.4  
New books, how obtained, etc., 16A44.2  
Personnel, 16A44.4  
Professional books, regulations, 16A44.1
- LIBRARIES IN NAVAL HOSPITALS.**—*Continued*  
Professional libraries:  
Duties of assistant to the executive officer (professional), 16A25.2  
Duties of medical officer in command, 16A10.2 (h)  
as Separate entities, 16A44.3  
Regulations governing records, inventory, etc., where found, 16A44.2
- LIBRARY SERVICE** of Naval Medical School, 16C12
- LICE:**  
Quarantine declaration certificate (ship), 35C10  
Rigid control to prevent epidemic typhus fever, 35B23
- LIEUTENANT:**  
Dental Corps, professional examination for advancement to rank of, 1317  
Medical Corps, professional examination for advancement to rank of, 12A21
- LIEUTENANT COMMANDER:**  
Dental Corps, professional examination for advancement to rank of, 1318  
Medical Corps, professional examination for advancement to rank of, 12A22
- LIFE INSURANCE.** *See* **INSURANCE (LIFE).**
- LIFE PRESERVERS**, by beds of patients in time of collision, 12C38.2
- LIGHTING:**  
of Barracks, medical officer's duties, 35A8  
on Ships:  
Annual Sanitary Report, 35D12 (A) (7)  
Battle-dressing stations, 12C49.1  
Medical officer's duties, 35A8
- LIMBS:**  
Examination of, 2185  
Standards for appointment or enlistment, 2186
- LIMITED DUTY:**  
Medical survey report on disposition of patients, 3318.3 (d)  
Medical survey report on enlisted personnel, 3324  
Medical survey requirement, 3313
- LINE OF DUTY STATUS:**  
Absence without leave, 3221 (c), 3224  
Benefits affected:  
Death gratuity, 323.3  
Hospitalization, domiciliary care and medical treatment, 322.7  
Income tax exemptions, 322.4

**LINE OF DUTY STATUS.—Cont.**Benefits affected.—*Continued*

Pensions, 322.3

Preference in appointments to civil offices, 322.6

Promotion of officers, 322.1

Retirement benefits in cases of incapacitation, 322.2

Servicemen's Readjustment Act of 1944, 322.5

Death certificates to show, 3220

Death or disability resulting from medical treatment, 3227

Defects existing prior to entry into service, 3221 (a), 3222

Definition, 3221

Desertion, 3221 (c), 3224

Determination, 3220

Disability due to misconduct, rule, 3221 (b), 3223

Health Record, entry of "not in the line of duty," 3230

Importance (general), 321

Medical survey report, form of entry, 3319.6

Negligence not always gross carelessness, 3226

Private avocation or business, disability incurred, not in line of duty, 3221 (d), 3225

Refusal of corrective medical treatment, status of resulting disability, 3221 (e), 3229

Responsibility of medical officer, 3220

Suicide, 3228

**LINEN**, in naval hospitals, duties of senior Nurse Corps officers, 16A32.5**LINE OFFICERS**, visual standards, 2126.1**LOOKOUTS**, special physical requirements, 21126**LORIES**, quarantine declaration certificate, 35C10**LORIKEETS**, quarantine declaration certificates, 35C10**LOUSE-BORNE TYPHUS. See TYPHUS FEVER—Quarantine.****LOVE BIRDS**, quarantine declaration certificate, 35C10**LOWER CALIFORNIA**, west coast a domestic country for purposes of quarantine, 35C9.2**LOW PRESSURE CHAMBER FLIGHT LOG. See NAVMED-439.****LUMBO-SACRAL JOINTS:**

Causes for rejection, 2177

Examination, 2176

**LUNGS:***See also* **CHEST; RESPIRATORY SYSTEM; TUBERCULOSIS, PULMONARY**

Diseases of, chest conformation in relation to, 2159

**LUNGS.—Continued**

## Examination:

General considerations, 2161

Interpretation of physical signs, 2162

of Naval Academy candidates, special attention, 2115.2

for Submarine duty, 21133.2 (g)

Recording interpretations after examination, 2163 (note)

## Standards:

for Combat aircrew personnel, 21141.2 (f) (3)

for Deep-sea diving duty, 21134.2 (h)

for Enlistment or appointment, 2163

**LYMPHATIC SYSTEM**, diseases of, classification, p. 286**M****MACAWS**, quarantine declaration certificate, 35C10**MADDOX-ROD SCREEN TEST**, apparatus, 21152**MAGAZINES. See PERIODICALS.****MAIL, OFFICIAL**, duties of assistant to the executive officer (administrative), 1510.5**MAINTENANCE OFFICER**, 1514**MALARIA:**

Examination for, 2174

Medical survey reports, final action on cases of, 3318.3 (j) (6)

Prevention and control:

at Advanced base commands, duties of staff officers, 12E57 (e)

Mosquito control, importance of, 35A10.1

Recent attacks, disqualification for aviation duty, 21149.3

**MALIGNANCY**, hospitals designated for specialized treatment, 16B18**MALINGERING:**

Reports by medical officer of ship, 12C17.3

Use of title, 2316.4

**MAPS**, intelligence reports, 35D13.1 (g)**MARINE CORPS:**Deaths. *See* **DEATHS**

Dependents, dental treatment, 1325.2

Funeral expenses. *See* **FUNERAL EXPENSES**Identification Record. *See* **NMC-330**Information for Next of Kin. *See* **NAVMC 817-QM**

Medical survey reports:

Disposition of patients (enlisted personnel on retired list), 3318.3 (a)

**MARINE CORPS.—Continued****Medical survey reports.—Continued**

Routing, 3317

Officers' Health Records, opening of, 223.1

**Physical examination:**

Annual examination of commissioned and warrant officers, report on disqualifying defects, 21104.14

for Enlistment or reenlistment, requirement, 215, 2122

for Permanent promotion, 21109

for Promotion, 2116.3

of Recruits at shore stations, 12D11

Reports by recruit depots, 2112.6

**Physical standards:**

for Officers, neurological and psychiatric standards, 2193

for Permanent promotion, 21109

for Reenlistment, 2120

Summary in NAVMED-216, 2195

Visual acuity, 2126.3

Prospective applicants for commission or enlistment, restrictions on dental treatment, 1328.9

**Reserves. See MARINE CORPS RESERVE**

Separation from service for physical disability, 2122

Shipment of personal effects in case of death, 3428.2

**MARINE CORPS RESERVE:**Deaths. *See* **DEATHS**

Dependents, eligibility for hospitalization and medical care, 415.2 (d), 415.4

Funeral expenses. *See* **FUNERAL EXPENSES**—of Marine Corps Reserve

Health Record, termination of, 2243.2

**Hospitalization:**

during Active duty period, 4131.3

when Active duty period expires while a patient in a naval hospital, 4131.1, 4131.2

at Army and Navy General Hospital, 16B8, 16B9

Compensation Commission patients, 4131.2

at Government hospitals other than naval, 16B2.1-16B4

Personnel retired with pay, 4133

at Veterans Administration facilities, 16B36.1

Identification Record to be made, 2247

**MARINE CORPS RESERVE.—****Continued**

Inactive list, custody of Health Record, 229.2

Incapacitated officers, information to be given in Report of Board of Medical Survey, 3320.2

Medical survey reports, disposition of patients (enlisted personnel), 3318.2

**Physical standards:**

for Appointment and active duty, 2118.2

Color perception, 2125.1

for Commissioned rank, 2118.1, 2118.2

for Enlisted ratings, 2118.3

for Enlistment, 2118.1

General application, 2114

for Warrant rank, 2118.1, 2118.2

Retirement for incapacitation, effect of line of duty status, 322.2

Special service officers, temporary promotion, physical qualification for, 21113.2

Transfers to, disposed of from sick list as D, 235.1 (b)

Vaccination requirement, 35B6.4

Widows, eligibility for hospitalization and medical care, 415.2 (f)

Women's Reserve, maternity care for discharged members, etc., 4138

**MARITIME SERVICE, UNITED STATES, hospitalization of members, 4158****MARKS:**

Death certificate requirements, 344.3 (k)

NAVMED-H-2 entries, 2217, 2249

**MASTER-AT-ARMS, at naval hospital, 16A22.3****MATÉRIEL AT NAVAL HOSPITALS:**

Executive officer's duties re inspection of, 16A18, 16A19

Medical officer in command's duties re inspection of, 16A12 (2)

**MATERNITY AND INFANT CARE:**

Emergency program (state and local agencies, etc.):

Collections by naval activity, 4110.3

Coverage, etc., 4110.2

at Naval hospitals and dispensaries, 4110.1

for Nurse Corps officers (discharged members), 4138

Per diem charge, 4110.4

for Women's Reserve (discharged members), 4138

**MEAT (raw), landing by aircraft, 35C15.6**

**MECHANICAL HAZARDS**, Annual Sanitary Report from ships, 35D12 (G)

**MECHANICS**, restrictions on employment, 425.2

**MEDICAL CARE**. *See* **MEDICAL TREATMENT**.

**MEDICAL CARE OF DEPENDENTS** (report). *See* **NAVMED-669**.

**MEDICAL CENTER**. *See* **NATIONAL NAVAL MEDICAL CENTER**.

**MEDICAL CORPS**:

*See also* **MEDICAL OFFICERS**  
Advanced base organization. *See*

**ADVANCED BASE ORGANIZATION**

Advancement in rank:

Eligibility, 12A18

Examinations required, 12A19

Failure to pass physical examination, 12A20

Professional examinations, 12A21-12A26

Amphibious operations, service in, 12E1-12E18

Appointments:

Acceptance, 12A15

Authorization for examination, 12A9

Certificates required, 12A8

Citizenship, proof of, requirement, 12A8.2

Expenses, no allowance for, 12A13

Failure in professional examination, 12A14

Form of application for examination, 12A7

How made, 12A5

Naval Reserve officers, 12A17

Oath of office, 12A15

Photograph to be submitted, 12A8.4

Physical examination, 12A9, 12A10

Postgraduate course, 12A16

Professional examination, 12A9, 12A11, 12A13, 12A14

Regulations governing, 12A6

Withdrawal from examination, 12A12

Aviation service. *See* **AVIATION SERVICE**

Deviation from orders of medical officers, 12B2

Diving service. *See* **DIVING**

Duties of medical officers. *See* **MEDICAL OFFICERS**—Duties

Field service. *See* **FIELD SERVICE**

**MEDICAL CORPS**.—*Continued*

Grades, 12A4

Intern, return to private practice, 12A6.2 (c)

Junior officers, 12B29, 12B30

Number, 12A2

Oath of office, 12A15

Organization, 12A1-12A4

Origin, 12A1

Physical examination for advancement in rank:

Failure to pass, 12A20

Requirement, 12A19

Physical examination for appointment:

Authorization, 12A9

Disqualification, procedure on finding of, 12A10.2

Expenses not allowed, 12A13

Finding of disqualification, effect of, 12A10.2

Information to be given to examiners, 12A10.1

Place, 12A9

Postgraduate course, 12A16

Professional examination for advancement:

to Captain, 12A24

to Commander, 12A23

Failure to pass, 12A26

to Lieutenant, 12A21

to Lieutenant commander, 12A22

to Rear admiral, 12A25

Requirement, 12A19

Professional examination for appointment:

Authorization, 12A9

Expenses not allowed, 12A13

Failure; reexamination, 12A14

Place, 12A9

Scope, 12A11

Professional relations with civilians, 12B27, 12B28

Rank, 12A3

Submarine service. *See* **SUBMARINE SERVICE**

**MEDICAL, DENTAL, AND HOSPITAL TREATMENT OTHER THAN NAVAL, REPORT OF**. *See* **NAVMED-U**.

**MEDICAL DEPARTMENT**:

Bureau of Medicine and Surgery. *See* **BUREAU OF MEDICINE AND SURGERY**

Dental Corps. *See* **DENTAL CORPS**

District medical activities, duties of district medical officer, 12D2

District medical officers. *See* **DISTRICT MEDICAL OFFICERS**

Functions:

Administration of medical services, 115

**MEDICAL DEPARTMENT.—Cont.****Functions.—Continued**

Disease prevention and control, 113

General, 111

Physical fitness, promotion of, 112

Sick and injured, treatment and care of, 114

Hospital Corps. *See* **HOSPITAL CORPS**

Medical Corps. *See* **MEDICAL CORPS**

Medical officer of a ship. *See* **MEDICAL OFFICER OF A SHIP**

Medical officers afloat. *See* **MEDICAL OFFICERS AFLOAT**

Medical officers ashore. *See* **DISTRICT MEDICAL OFFICER; MEDICAL OFFICER OF A SHORE STATION**

Nurse Corps. *See* **NURSE CORPS**

**Organization:**

Bureau of Medicine and Surgery, 117

District medical officers, 118

Field activities personnel, 119

Personnel, 116

**MEDICAL EQUIPMENT.** *See* **MEDICAL SUPPLIES AND EQUIPMENT.**

**MEDICAL EXAMINERS, AVIATION.** *See* **AVIATION MEDICAL EXAMINERS.**

**MEDICAL FACILITIES,** functions of the Medical Department, 114.2, 115.1, 115.5

**MEDICAL HISTORY, ABSTRACT OF.** *See* **NAVMED-H-5.**

**MEDICAL HISTORY, INVESTIGATION OF.** *See* **PHYSICAL EXAMINATIONS—Medical history**

**MEDICAL HISTORY SHEET.** *See* **NAVMED-H-8.**

**MEDICAL INSTRUCTION.** *See* **U. S. NAVAL MEDICAL SCHOOL.**

**MEDICAL MEETINGS,** 12C10

**MEDICAL OFFICER OF A SHIP:**

Absence or disability, 12C12.3

in Charge of medical department, 12C12.2

**Duties in re:**

Daily report of the sick, 12C17

First-aid instruction, 12C27

Fitting out, 12C13

Inspections, 12C16

Medical stores and supplies, 12C14

Modification of medical department personnel complement, etc., request for, 12C12.3 (c)

Sanitary reports, 12C24

**MEDICAL OFFICER OF A SHIP.****—Continued****Duties in re.—Continued**

Transfer of patients, 12C20

Head of medical department of the ship, 12C12.1

**MEDICAL OFFICER OF A SHORE STATION:****Duties in re:**

Complement of medical department, 12D7

Drugs, 12D19

Examination of recruits and candidates, 12D11

Family care, 12D8

Medical supplies, inspection of, 12D14

Monthly Industrial Health Report, 12D6

Muster and discipline of enlisted men, 12D17

Ships, inspection of, 12D18

Sick, reports of, 12D10

Subordinate officers, reports on fitness of, 12D16

Suggestions to the commandant, 12D15

Responsibilities (general), 12D4

Title, 12D3

**MEDICAL OFFICERS:**

for Advanced base commands (staff officers), 12E57

**Duties:**

*See also* **DISTRICT MEDICAL OFFICER; FLEET MEDICAL OFFICER; FORCE MEDICAL OFFICER; MEDICAL OFFICERS AFLOAT; MEDICAL OFFICER OF A SHIP; MEDICAL OFFICER OF A SHORE STATION**

Articles on professional subjects, 12B23

Care of the sick and injured, 12B2

Chemical warfare casualties, treatment of, 12B17

Cooperation with other agencies, 12B6

Custody of alcoholic solutions, narcotics, and poisons, 12B22

Dental treatment, 12B16

of District medical officers. *See* **DISTRICT MEDICAL OFFICERS**

of Division medical officers, 12C11, 12C27 (a)

Educational measures, 12B5

Examination before transfer of personnel, 12B12

General, 12B1–12B32

**MEDICAL OFFICERS.—Continued****Duties.—Continued**

- Health matters, scope of responsibility, 12B3
- Health Records, 12B14
- Intoxication, examination for evidence of, 12B26
- of Junior medical officers, 12B29
- Maintenance of physical effectiveness, 12B1–12B6
- of Medical officer of a ship. *See* **MEDICAL OFFICER OF A SHIP**
- of Medical officers afloat. *See* **MEDICAL OFFICERS AFLOAT; MEDICAL OFFICER OF A SHIP**
- of Medical officers ashore. *See* **DISTRICT MEDICAL OFFICERS; MEDICAL OFFICER OF A SHORE STATION**
- Miscellaneous, 12B7–12B26
- Misconduct entries, 12B15, 325
- Official documents and correspondence, 12B10
- Organization and Standing Order Book, publication of, 12B8
- Physical examinations, 12B18
- Physical fitness of the personnel, 12B4
- Prescriptions:
  - Forms, 12B19
  - of Narcotic drugs, 12B20
  - of Poisonous drugs, 12B21
- Reports to officer of the deck, etc., 12B9
- Rough log, 12B7
- Senior officer of ship or station, 12B1
- Transcripts of medical records, 12B25
- Transfer of patients, 12B13
- Transfer of records of decommissioned activities and inactive records, 12B11
- Unofficial certificates, 12B24

**MEDICAL OFFICERS AFLOAT:****Duties in re:**

- Abandon ship, 12C40
- Battle-dressing stations, 12C45–12C52
- Battle duty, 12C44
- Casualties, entries in re, 12C55
- Chemical warfare and defense, 12C35
- Collisions, 12C38
- Emergency duties, 12C29–12C57
- Final preparation for battle, 12C52
- Fire and rescue party personnel, 12C39

**MEDICAL OFFICERS AFLOAT.—Continued****Duties in re.—Continued**

- Fire quarters, 12C37
- Launching and recovery of airplanes, 12C36
- Man overboard, 12C41
- Fleet medical officers. *See* **FLEET MEDICAL OFFICER**
- Force and division medical officers, 12C11
- Medical officer of a ship. *See* **MEDICAL OFFICER OF A SHIP**
- MEDICAL OFFICERS ASHORE.** *See* **DISTRICT MEDICAL OFFICERS; MEDICAL OFFICER OF A SHORE STATION.**
- MEDICAL RECORDS:**
  - See also* **HEALTH RECORDS; PHYSICAL EXAMINATIONS — Records; RECORDS (general)**
  - Copies, furnishing of, 12B25.2
  - Death reports, request for copies of, 12B25.4
  - of Enlistments, signing of original entries, 214.1
  - of Ex-service personnel, requests for copies, etc., 12B25.2
  - Signing of original entries, 12B16.8, 157.10, 214.1
  - for Use in a civil court, 12B25.3
- MEDICAL REPORT OF INJURY:**
  - Instructions, 4114.1, 4114.2
  - in Tabulation of Reports, 513
- MEDICAL RESEARCH INSTITUTE.** *See* **NAVAL MEDICAL RESEARCH INSTITUTE.**
- MEDICAL SCHOOL.** *See* **UNITED STATES NAVAL MEDICAL SCHOOL.**
- MEDICAL SUPPLIES AND EQUIPMENT:**
  - Bureau of Medicine and Surgery, functions of, 115.2, 115.5
  - for use of Dependents of naval personnel:
    - In-patient service, 416.4
    - Out-patient service, 418.2
  - for Districts, duties of district medical officers, 12D2.7
  - First-aid supplies, etc. *See* **FIRST-AID—Supplies and equipment**
  - Fleet medical officer's recommendations, 12C4.2
  - Force and division medical officers, duties of, 12C11.2
  - Requisition and invoice. *See* **NAV-MED-4**
  - on Ships:
    - Abandon ship equipment, passing out of, 12C40 (a)

- MEDICAL SUPPLIES AND MEDICAL SURVEY.—Continued**  
**EQUIPMENT.—Continued**  
 on Ships.—Continued
- Annual Sanitary Report, 35D12 (E)
  - Battle-dressing stations, 12C46, 12C47
  - Containers of equipment, at battle-dressing stations, 12C46.1
  - Distribution in preparation for emergencies on ships, 12C30
  - Final preparation for battle, 12C52
  - Medical officer's duties, 12C14 at Shore stations, inspection, 12D14
- MEDICAL SURVEY:**
- Board of medical survey:
    - Composition, 333
    - Convening authority, 332
    - Nature of, etc.; 331
  - Cases in which disciplinary action is pending, 3326
  - Conditions requiring survey:
    - Discharge because of physical disability, 339
    - Enlisted men not qualified for reenlistment, 3315
    - Fleet Reserve or Fleet Marine Corps Reserve personnel, 3314
    - General, 337
    - Limited duty, personnel fit only for, 3313
    - Officers granted sick leave, 3312
    - Officers, special conditions affecting, 3311
    - Patients refusing medical and surgical treatment, 3316
    - Persons continuously on the sick list, 338
    - Transfers between hospitals, 3310
  - Enlisted men, examination for transfer to Fleet Reserve, 21118.3, 2215.5
  - Health Record, entry of findings, etc., in, required, 3322
  - Infectious disease cases, 3329
  - Limited duty cases, enlisted personnel, 3324
  - Mental illness cases, 3325
  - Misconduct status:
    - Responsibility of medical officer for entries, 325
    - Statement of, by board of medical officers, 327
  - Naval aviators or naval aviation pilots, 3323
  - Naval hospital patient whose enlistment has expired, 16A37.6
  - NAVMED-H-8, entry of findings, etc., on, required, 2225.2
  - Nurse Corps officers' examinations, 21116.4
  - Patient's appearance before the board, 335
  - Patients refusing medical and surgical treatment, 3327
  - Provisions governing, 331-336
  - of Psychotic patients, procedure:
    - for Admission to designated hospitals, 16B29.1
    - Transfers to naval hospitals, 16B25
  - Recommendations by boards concerning enlisted personnel, 3321
  - Recommendations by boards concerning officers:
    - General, 3320.1
    - Release from active duty or appearance before a retiring board, 3320.2
    - Statement required of officers recommended to appear before retiring boards, 3320.3
  - Report. *See* NAVMED-M
  - Request for:
    - in Tabulation of Reports, 513
    - When to be made, 337-338
  - Requirements (general statement), 336
  - Tuberculosis cases, 3328
  - Veterans Administration facilities, transfers of patients to, 3330
  - When made, 334
- MEDICAL TREATMENT:**
- of Civil employees. *See* **CIVIL EMPLOYEES** — Medical care and treatment
  - Compulsory treatment, 12B31
  - Consultation of medical officers, 12B2
  - Death or disability resulting from, line of duty status, 3227
  - Dental officers' duties, 1328.4, 1328.5
  - of Dependents of naval and/or Marine Corps personnel. *See* **DEPENDENTS OF NAVAL AND/OR MARINE CORPS PERSONNEL** — Medical care and hospitalization
  - Fleet medical officer's reports and recommendations, 12C6.2
  - Junior medical officer's duties, 12B29
  - Medical Department's responsibility, 114
  - Medical officer of a ship, duties, 12C12.1, 12C12.2
  - Medical officer's responsibility, 12B1, 12B2
  - at Naval hospitals, responsibility of medical officer in command, 16A9.1

**MEDICAL TREATMENT.—Cont.**

of Non-naval personnel, limitation, 411

Other than naval:

at Army or Public Health Service facilities (general), 311.1  
at Army, Public Health, and Veterans Administration facilities. *See* ARMY AND NAVY GENERAL HOSPITAL; PUBLIC HEALTH SERVICE HOSPITAL AT FORT WORTH, TEXAS; ST. ELIZABETHS HOSPITAL; VETERANS ADMINISTRATION FACILITIES

Bills for, 3110.2, 3110.3

Civilian treatment, at Government expense, in other than Federal hospitals, when allowed, 311.3

Claims required, 3110.1

Detached duty personnel, 314

Enlisted personnel on leave or liberty, 316

in Federal hospitals other than Navy, Army, or Public Health Service, 311.2

Fleet Reserve and Fleet Marine Corps Reserve, inactive members, regulations, 317

General summary, 311

Officers absent from duty stations, 315

Prompt report necessary, 313

Reports in cases of emergency treatment, 318

Retired officers and enlisted personnel, 317

Specialists' services, 3111–3113

of Prospective applicants, for correction of defects, restrictions, 12B28

Refusal of medical and/or surgical treatment by patient:

Line of duty status, effect on, 3221 (e)

Medical survey report, when discharge is recommended, 3318.3 (h)

Medical survey requirement, 3316, 3327

Resulting disability not in line of duty status, 3221 (e), 3229

Surgical cases, questions to be answered in report of medical survey, 3327.2

Shore station personnel, duties of medical officer, 12D4.1

Specialists' services. *See* SPECIALISTS' SERVICES

of Supernumeraries. *See* SUPERNUMERARIES

**MEDICAL TREATMENT.—Cont.**

for Veterans, effect of line of duty status, 322.7

**MEDICINE AND SURGERY, BUREAU OF.** *See* BUREAU OF MEDICINE AND SURGERY.

**MEDICINE GLASSES,** restrictions on use, 12B22.8

**MEDICINES:**

Duties of junior medical officers, 12B29.2

in Poisonous amounts, removal from containers, 12B22.8

**MENSTRUAL IRREGULARITIES,** as cause for rejection, 21101

**MENTAL COMPETENCY,** in cases where disciplinary action is pending, report of medical survey, 3326

**MENTAL DEFECTIVES,** medical survey reports, 3325

**MENTAL DISEASES.** *See* MIND, DISEASES OF.

**MENTAL ILLNESS:**

*See also* MIND, DISEASES OF; PSYCHONEUROSES; PSYCHOTICS

Medical survey report, 3325

**MENTAL STABILITY,** need for investigation as revealed at physical examination, 2113.2

**MERCHANT MARINE (U.S.):**

Death of a seaman in naval hospital, procedure, 349.2, 4157.2

Medical care and/or hospitalization of personnel:

Outside the continental U.S., 4164

Within the continental U.S., 4157

**MESSING.** *See* FOOD.

**MEXICAN DOUBLE HEADS** (birds), quarantine declaration certificate, 35C10

**MEXICO,** disinsectization of aircraft arriving from Federal district, limitation on requirement, 35C16.4

**MICROSCOPE,** use in physical examination, 218

**MIDSHIPMEN.** *See* NAVAL ACADEMY.

**MILITARY COURTESY,** indoctrination of personnel attached to naval hospital, 16A10.2 (i)

**MILITARY PERSONNEL OF FOREIGN NATIONS.** *See* FOREIGN NATIONS — Military personnel of.

**MILK:**

Control measures for prevention of cholera, 35B26

Quarterly Sanitary Reports, shore stations and hospitals, 35D9 (C)

**MIND, DISEASES OF,** classification, pp. 286–287

**MIQUELON:**

- a Domestic possession for purposes of quarantine, 35C9.2
- Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2

**MISCELLANEOUS DISEASES AND CONDITIONS, classification, pp. 290-291****MISCONDUCT:**

- of Civil employees, discharge procedure, 4210.3
- in Injury and poisoning cases, report, 2318
- Nurse Corps discharge cases, 1426.2

**MISCONDUCT REPORTS (ADMISSION AND DISCHARGE). See S. AND A. FORM 519.****MISCONDUCT STATUS:**

- Adverse entries by boards, 327
- Benefits affected:
  - Completion of enlistment, 323.2
  - Death gratuity, 323.3
  - Pay, 323.1
- Cases submitted to Judge Advocate General, 329
- Death reports, responsibility of medical officer, 325
- Definition of misconduct, 324, 3217
- Determination when medical record is incomplete, 3219
- Disabilities due to alcohol or drugs:
  - Absence, procedure, 3216
  - Completion of enlistment, after absence, 323.2
  - Definition of misconduct, 324, 3217
  - Entries regarding, 325-3212
  - Health Record entries, 3210, 3211
  - Pay, forfeiture during absence, 323.1, 3217
  - Reports (Admission and Discharge), 3213.2
- Early return to duty status, 3218
- Entries in records at naval hospitals, 16A11.1
- Entries in records or reports, 12B15, 325-3212
- Forfeiture of pay in case of absence, 3217
- Health Record entries:
  - by Boards of medical officers, 327
  - Cases submitted to Judge Advocate General, 329
  - Commanding officer to be informed, 326.2
  - Disabilities due to alcohol or drugs, 3211, 3212
  - Information to patient, 326.1, 327, 3210
  - Responsibility of medical officer, 325

**MISCONDUCT STATUS.—Cont.**

- Health Record entries.—*Continued*
  - Right of patient to rebuttal, 328
  - Importance (general), 321
  - Medical survey reports:
    - Final action on, 3318.3 (f)
    - Form of entry, 3319.5, 3319.9
    - Rebuttal by patient, 326-329
    - Responsibility of medical officer, 325
    - Statement by board of medical officers, 327
  - Refusal of corrective medical treatment, 3221 (e), 3229
  - Report of excessive use of intoxicants or drugs, 3213
  - Reports on injuries, etc., discovered in examination of enlisted men prior to discharge or retirement, 21118.2
  - Responsibility of medical officers, 325
  - Venereal disease, 324, 3215
- MISSING, Health Record entry, 225.12**
- "MISSING IN ACTION," Health Record entry, 225.12**
- MISSING PERSONNEL, finding of death and preparation of Certificate of Death, procedure, 344.2**
- MONTHLY INDUSTRIAL HEALTH REPORT, 12D6, 513, 5133.1**
- MONTHLY KAHN TEST REPORT. See NAVMED-623.**
- MONTHLY MORBIDITY REPORT. See NAVMED-582.**
- MONTHLY PROSTHETIC APPLIANCES REPORT, 513, 5134**
- MONTHLY PROSTHODONTIA REPORT. See NAVMED-610.**
- MONTHLY REPORT OF DISCHARGED NAVAL PERSONNEL. See ACRO FORM B.**
- MONTHLY REPORT OF NIGHT VISION TRAINING. See NAVMED-589.**
- MONTHLY SUMMARY—MEDICAL CARE OF DEPENDENTS. See NAVMED-669.**
- MONTHLY VENEREAL DISEASE CONTROL REPORT, 513, 5135**
- MORBIDITY REPORT:**
  - Monthly. See NAVMED-582
  - Weekly. See NAVMED-172
- MORNING REPORT OF SICK. See NAVMED-T.**
- MOSQUITOES:**
  - Control:
    - Disinsectization of ships, 35C11.1 (b)
    - Duties of medical officer, 35A10.1

**MOSQUITOES.—Continued****Control.—Continued**

Field service sanitation plan,  
35A20.1 (b)

Importance, 35A10.1

Methods of extermination, etc.,  
35A10.3 (a)

Precautions against breeding  
aboard vessels, factor in  
"Q" flag regulations, 35C8.2  
(b)

Species control, 35A10.2

**Protection of personnel:**

from Human reservoirs of in-  
fection, 35A10.3 (c)

from Mosquitoes, 35A10.3 (b)

**MOTION SICKNESS:**

History of, disqualification for  
motor torpedo boat training and  
duty, 21135.2 (k)

Limited duty cases, enlisted per-  
sonnel, recommendations of  
board of medical survey, 3324

Medical survey finding, action by  
medical officers of naval hospi-  
tals in U.S., 3318.2 (d)

**MOTOR MACHINIST'S MATES,**  
vision standards, 21135.2 (b)**MOTOR SYSTEM,** diseases of, classi-  
fication, pp. 287-288**MOTOR TORPEDO BOAT  
TRAINING AND DUTY:**

Age limits, 21135.2 (a)

Physical examination for training,  
21135.1

Physical standards, 21135

**MOUTH:****Examination of:**

by Dental officer, 2150.1

Methods (general), 2148

Neurological examination, 2188

Hygiene. *See* **ORAL HYGIENE**

Prophylactic treatment, by whom  
rendered, 1328.2

Standards for enlistment and ap-  
pointment, 2149

**MUSICIANS:**

Special physical requirements,  
where found, 21130

Teeth, standards for enlistment for  
playing wind instrument, 2150.3

**MYOPIA:****as Disqualification for:**

Antiaircraft gunner, 21125.4

Naval Academy candidates,  
2128

Record in annual physical exam-  
ination of commissioned and war-  
rant officers, 21104.5

**N****NAILS,** diseases of, classification, p.  
289**NAMES:**

Health Record entries, 222.2

on Identification records, 2249.6

on Identification tag, 2250

NAVMED-F, Line 1, entry, 236.3

NAVMED-H-4, entry, 2228.1

NAVMED-H-8 entries:

Army personnel, 2252.1

General instructions, 2221.4

**NARCOTICS:**

*See also*

**DRUG ADDICTS;  
DRUGS**

Custody (general), 12B22

in Dental officer's custody, 1333.5

Dental officer's prescriptions, 1330

Issuance for dispensing purposes  
(general), 12B22.3

Issuance to ships and planes with-  
out medical officers, 12B22.2

Losses, reporting of, 12B22.3

**Naval hospital supplies:**

Executive officer's duties,  
16A18.3

Nurse Corps officer's duties,  
16A34.6

Orders for treatment of pa-  
tients to be signed by medical  
officers, 515.3

Ward medical officer's duties,  
16A28.1

Pharmacy officer's duties, 1516.1

Prescriptions, 12B20

on Ships, duty of medical officer of  
a ship, 12C15

at Shore stations, 12D19

**NASO-PHARYNX:**

Examination, 2148

**Standards:**

for Enlistment or appointment,  
2149

for Submarine service, 21133.2  
(d)

**NATIONAL NAVAL MEDICAL  
CENTER (BETHESDA, MD.):**

Audio-Visual Aids Unit, 16C13

Civilian personnel, administration,  
115.2

Communications to, 16C1.2

Consultation service, 16C3

Function, 16C2

General, 16C1-16C3

History, 16C2

Laboratory service, 16C10

Laboratory supplies, 16C11

Library service, 16C12

Organization, 16C2

**Schools:**

Assignment to instruction,  
16C6

Courses (general), 16C5

Instruction, duty status, 16C7

Postgraduate course, 12A16

Special courses, 16C3

Staff, 16C4

- NATIONAL NAVAL MEDICAL CENTER (BETHESDA, MD.).—**  
*Continued*  
 Subordinate commands comprising,  
 16C1.1, 16C2
- NATIONAL POLICE ACADEMY,**  
 hospitalization of police officers at-  
 tending, 4156.3
- NATURALIZATION CERTIFI-  
 CATES,** requirement for Medical  
 Corps appointments, 12A8.2
- NAVAL ACADEMY:**  
 Candidates' classes at naval hospi-  
 tals, 16A41.3  
 Health Records of midshipmen:  
 Commissioned as officers, 2214  
 Opening, 223.1, 223.4  
 Termination, 2244  
 IS cases (midshipmen), 235.4  
 Medical survey (midshipmen):  
 Reports, preparation and rout-  
 ing, 3317.1  
 Requirement in certain cases,  
 3311.2  
 Tuberculosis cases, disposition  
 of, 3328.3  
 Physical examination of candi-  
 dates:  
 Chest, roentgenographic exam-  
 ination, 2115.2, 21103.1  
 Defects, etc., to which special  
 attention shall be given,  
 2115.2  
 Enlisted men of Naval Re-  
 serve, candidates for mid-  
 shipmen, 2115.6  
 Eyes, 2115.3, 2128  
 General instructions, prelim-  
 inary examination, 2115.1  
 Health Record entries, 2221.3  
 Physical examination of midship-  
 men:  
 Annual examination, 21105  
 Color perception test, 2125.6  
 Physical standards:  
 Color perception, 2125.3  
 Ears, 2133  
 Eyes, 2128  
 General, 2115.4  
 Heart, 2172  
 Neurological standards, 2194  
 Physical proportions, 2137,  
 2142  
 Teeth, 2152  
 Psychiatric standards for appoint-  
 ment, 2194  
 Psychiatric studies of candidates,  
 recordings, 2115.2
- NAVAL ACADEMY PREPARA-  
 TORY SCHOOL:**  
 Physical examinations of candi-  
 dates:  
 from Enlisted personnel, 2115.5,  
 2142.4
- NAVAL ACADEMY PREPARA-  
 TORY SCHOOL.—Continued**  
 Physical examinations of candi-  
 dates.—*Continued*  
 Health Record entries, 2221.3
- NAVAL AIR TRANSPORT SERV-  
 ICE.** *See* AVIATION.
- NAVAL AND MILITARY HAZ-  
 ARDS:**  
 Aeronautics, p. 312  
 General statement, 2321  
 General Naval and Military Agents  
 and Hazards, pp. 313-314  
 Special Nautical Hazards, p. 314  
 Submarines, p. 313
- NAVAL COURTS AND BOARDS,**  
 instructions to guide boards of medi-  
 cal examiners, 214.2
- NAVAL DENTAL SCHOOL.** *See*  
 UNITED STATES NAVAL DEN-  
 TAL SCHOOL.
- NAVAL HOME:**  
 Admission to:  
 Persons eligible, 16B12  
 Procedure, 16B13  
 Death of a beneficiary in a naval  
 hospital, 16B14.2  
 Hospitalization of beneficiaries,  
 16B14  
 Transportation to, furnished only  
 to the destitute, 16B13.3
- NAVAL HOSPITAL CORPS  
 SCHOOL (WOMEN'S RE-  
 SERVE).** *See* UNITED STATES  
 NAVAL HOSPITAL CORPS  
 SCHOOL (WOMEN'S RE-  
 SERVE).
- NAVAL HOSPITALS:**  
*See also* HOSPITALS  
 Accessory services, 16A39-16A47  
 Administration, duties of adminis-  
 trative officers, 159, 1510  
 Administrative officers (other than  
 medical officer in command, etc.),  
 16A21  
 Admission of dependents of naval  
 and Marine Corps personnel for  
 dental treatment, 1325.2  
 Admission of officer, report on. *See*  
 NAVMED-HF-1  
 in Advanced base areas:  
 Training of personnel, 12E58  
 Types, 12E56  
 Alcoholic liquors, supplies of. *See*  
 ALCOHOLIC LIQUORS — in  
 Naval hospitals  
 Alcohol, supplies of. *See* ALCO-  
 HOL — in Naval hospitals  
 Assistant to the executive officer  
 (administrative), 1510  
 Assistant to the executive officer  
 (professional):  
 Duties, in general, 16A25.1

**NAVAL HOSPITALS.—Continued**

Assistant to the executive officer (professional).—*Continued*

Medical records of patients, duties re, 16A25.3

Medical surveys, review of, 16A25.3

Physical plant, duties re, 16A25.4

Professional training of Medical Department personnel, supervision of, 16A25.2

**Athletics** (*see also* **ATHLETICS** — in Naval hospitals), 16A17.5

**Beds.** *See* **BED CAPACITIES; BEDS**

**Births** in, reports to local civil authorities, 16A8.4

**Brig**, persons confined in, duties of executive officer, 16A19.3

**Buildings and grounds:**

Duties of assistant to the executive officer (professional), 16A25.4

Inspection, 16A19.1

Case records, 514

Ceiling heights, 35A16.1

Chaplains, 16A47

Chiefs of services, 16A26

**Civil authorities, relations with:**

Birth and death reports, 16A8.4

Communicable disease control, 16A8.2, 16A8.3

Law observance, etc., 16A8.1

**Civil employees.** *See* **CIVIL EMPLOYEES** — of Naval hospitals

**Clinical charts** (NAV MED—Q's), 515.4

**Clinical facilities**, 16A39

**Clinical notes** (NAV MED—17's), 515.4

**Clothing of enlisted personnel**, inspection, 16A19.3

**Command**, 16A4

**Commissary**, 1515, 16A12 (3)

**Commissary employees assigned to special messes**, supervision, 16A42.4

**Communicable diseases**, cooperation with civil authorities, 16A8.2, 16A8.3

**Correspondence**, 16A11.1, 16A11.2

**Court-martial prisoners**, guarding of, 16A17.3

**Daily Personnel Report.** *See* **NAV-MED-HF-10**

**Deaths.** *See* **DEATHS** — in Naval hospitals

**Dental officer's duties**, 1355

**Direction**, 16A3

**Discharge of officers**, report on. *See* **NAV MED-HF-1**

**Discharge of patients:**  
to Duty, promptly upon recovery, 16A37.1

**NAVAL HOSPITALS.—Continued**

**Discharge of patients.**—*Continued*

Employees' Compensation Commission beneficiaries, 16A14.2

General provisions, 16A14

Infectious disease cases, reports to state authorities, 16A8.2 (b)

Medical officer in command, duties of, 16A14

for Physical disability upon expiration of enlistment, 16A37.5

Supernumeraries, 16A14.2

**Discipline:**

Duties of officer of the day, 16A20.1

Entries in journal of officer of the day, 16A20.3

Executive officer's duties, 16A17.2

Medical officer in command, duties of, 16A7.3

Veterans Administration beneficiaries, 4150.3

**Emergencies resulting from enemy attacks**, provision for, duties of medical officer in command, 16A13.2

**Entertainment.** *See* **WELFARE AND RECREATION** — Naval hospital activities

**Executive officer:**

General duties, 16A15

Inspections, 16A19

Patients, duties re, 16A16.1

Personnel, duties re, 16A17

**Filing systems**, 16A11.1

**Finance division**, 1511

**Fire drills, etc.:**

Entries in journal of officer of the day, 16A20.3

Executive officer's duties, 16A18.1

Medical officer in command, duties of, 16A13.1

**Fire-fighting apparatus**, daily inspection by master-at-arms, 16A22.3

**Fires**, duties of ward medical officers, 16A28.3

**Heads of departments**, 16A27

**Hospital ships.** *See* **HOSPITAL SHIPS**

**Inspections:**

of Buildings and grounds, 16A12 (1), 16A19

of Commissary stores, 16A12 (3)

Entries in journal of officer of the day, 16A20.3

Executive officer's duties, 16A19.1

by Master-at-arms, 16A22.3

**NAVAL HOSPITALS.—Continued****Inspections.—Continued**

Matériel, 16A12 (2), 16A19  
 Meals, 16A19.2  
 Medical officer in command, duties re, etc., 16A7.3, 16A12 by senior Nurse Corps officer, 16A32.2

**Interns:**

Assignments, 16A10.2 (c)  
 Indoctrination courses, provision for, 16A41.3  
 Junior medical officers, 16A29.3

Junior medical officers, 16A29

**Keys:**

Arrangement for safe custody, duties of executive officer, 16A18.3  
 Responsibility of Nurse Corps officers, 16A34.5

Liberty lists, duty of executive officer, 16A17.4

Libraries. *See* **LIBRARIES** — in Naval hospitals

Linen, duties of senior Nurse Corps officer, 16A32.5

Maintenance, 1514

Master-at-arms, 16A22.3

Matériel. *See* **MATÉRIEL**—at Naval hospitals, inspection

Meals. *See* **FOOD**—in Naval hospitals

**Medical officer in command:**

Civil authorities, relations with, 16A8  
 General duties, 16A7  
 Inspection, duties in re, 16A12  
 Patients, responsibility in re, 16A9  
 Personnel, duties in re, 16A10  
 Reports and records, duties in re, 16A11

Medical surveys, review by assistant to the executive officer (professional), 16A25.3

Meetings of courts and boards, entries in journal of officer of the day, 16A20.3

Meritorious conduct, reporting by executive officer, 16A17.2

Messes. *See* **FOOD**—in Naval hospitals

Military jurisdiction of medical officer in command, 16A7.1

Mission, 16A2

Monthly Morbidity Report. *See* **NAVMED**—582

Narcotics (custody, etc.). *See* **NARCOTICS**—Naval hospital supplies

Naval Home beneficiaries. *See* **NAVAL HOME**

Newspapers, 1517.3

**NAVAL HOSPITALS.—Continued**

Non-military status, signs of, in time of war, 16A13.3

**Nurse Corps:**

Accompanying visiting officers, duty, 16A34.4

Alcoholic liquors, custody of, etc., 16A34.6

Assignments to duty, 16A17.1, 16A34.1

Communications with medical officer in command, 16A33.2

Junior officers, 16A33.1, 16A41.1

Keys, responsibility for, 16A34.5

Mess, supervision by senior Nurse Corps officer, 16A32.7

Narcotics, duties re, 16A34.6

Night duties, 16A34.11

Night duty, limitation on requirement, 16A34.10

Night supervisor's duties, 16A34.12

Oral surgical service, supervision of officers assigned to, 1355.8

Patients absent without leave, collection of belongings, etc., 16A34.8

Patients confined in brig, duties re, 16A34.8

Patients' money and valuables, safeguarding of, 16A34.7

Poisons, duties in re, 16A34.6

Property in officers' quarters, inventory, 16A32.6

Ration Notice, 5146.1, 5146.2

Records of officers, 16A32.6

Relief of officer from duty, 16A32.3

Senior officer's duties, 16A17.1, 16A31, 16A32

Supervision, 16A30, 16A33.1

Training, 16A32.4, 16A41.1

Ward assignment, absence from duty, etc., 16A34.3

Ward duties, 16A34

Ward records, etc., responsibility for, 16A34.9

Watches, 16A32

Welfare, duties of senior Nurse Corps officer, 16A32.8

**Officer of the day:**

Duties, 16A20

Journal, entries in, 16A20.3

Journal, sentences of punishment to be recorded, 16A7.3

Junior medical officers detailed for duty as, 16A29.2

Tour of duty, 16A20.2

Operating rooms, responsibility for, etc., 16A39

**Organization:**

Chart, 16A5.2

Explanation, 16A5

**NAVAL HOSPITALS.—Continued**

Origin, 16A1

Passes, duties of executive officer, 16A17.4

Patients:

Absent without leave, collection of belongings, etc., 16A34.8

Census, weekly dispatch report, 5144

Compliance with orders required, 16A36.1

Confined in brig, duties of Nurse Corps officers, 16A34.8

Disposition of (*see also* **NAVAL HOSPITALS**—Discharge of patients; **NAVAL HOSPITALS**—Transfers), 16A37

Duty, assignment to, 16A36.2

Entries in journal of officer of the day, 16A20.3

Executive officer's duties, 16A16.1

Information concerning, etc., 16A9.2

Medical records, duties of assistant to the executive officer (professional), 16A25.3

Nurse Corps officers in wards, duties of, 16A34.2

Personal effects, 16A18.2, 16A34.7, 516

Responsibility for treatment, duties of medical officer in command, 16A9.1

Retention in hospital at expiration of enlistment, 16A37.5

Safekeeping of moneys and valuables, 16A18.2, 16A34.7

Spiritual ministrations, 16A16.2

Supernumeraries. *See* **SUPER-NUMERARIES**

Supervision, etc., of treatment, duties of chiefs of services, 16A26

under Supervision of ward medical officer, 16A36.1

Survey, cases requiring, 16A37.4

Transfers. *See* **NAVAL HOSPITALS**—Transfers

Ward medical officer's duties, 16A28

Pension Claims Outstanding, Report of, 5141

Periodicals. *See* **PERIODICALS IN NAVAL HOSPITALS**

Personnel (in general):

Absence from duty, requests, duties of executive officer, 16A17.4

Assignments, duties of executive officer, 16A17.1

**NAVAL HOSPITALS.—Continued**Personnel (in general).—*Continued*

Collection of unauthorized funds, prohibition of, 16A10.3

Cooperative relationship with professional civil organizations, 16A10.2 (e)

Daily muster, duties of executive officer, 16A17.4

Entries in journal of officer of the day, 16A20.3

Executive officer's duties, 16A17

Functions of Bureau of Medicine and Surgery, 115

Inspections by executive officer, 16A19.3

Leave, requests for, duties of executive officer, 16A17.4

Military courtesy, indoctrination in, 16A10.2 (i)

Modification in complement or allowance, 16A10.1

Pecuniary dealings with patients, prohibited, 16A10.3

Personnel division, 1512

Rotation of duty, 16A10.1

Safety measures, indoctrination regarding, 16A13.1

Staff conferences, 16A10.2 (d)

Training. *See* **NAVAL HOSPITALS**—Training of personnel

Pharmacy, 1516, 16A40

Plumbing fixtures, 35A16.2

Poisons (custody, etc.). *See* **POISONS**—Naval hospital supplies

Police system, 16A17.3

Post offices, 1519

Professional and instructional services, use of, 16A10.2 (f)

Professional services, 16A23–16A38

Property and supplies:

Allotment of supplies, etc., duties of finance officer, 1511.1

Assistant to executive officer, duties of, 1510.7

Commissary officer's duties, 1515.9

Inventory of equipment, 515.5

Maintenance officer's duties, 1514.5

in Nurse Corps officers' quarters, inventory, 16A32.6

Personnel officer's duties, 1512.5

Record officer's duties, 1513.5

Ship's Service officer's duties, 1518.2, 1518.3

Ward medical officer's duties, 16A28.1

Ration Notice. *See* **S. AND A. FORM 534**

Records:

Case records, 514

**NAVAL HOSPITALS.—Continued****Records.—Continued**

- Chiefs of services, duties of, 16A26
- Medical officer in command, duties of, 16A11.1
- Record officer's duties, 1513
- Ward records, etc., 16A28.1, 16A34.9, 515
- Recreation. *See* **WELFARE AND RECREATION**—Naval hospital activities
- Recruiting not a function of medical officer in command, 16A7.4
- Red Cross representatives in. *See* **RED CROSS**
- Reenlistments and extension of enlistments, powers of medical officer in command, 16A7.4
- Regulations:
  - Material constituting, 16A6
  - governing Patients, no more rigorous than necessary, 16A7.1
- Reports, duties of medical officer in command, 16A11.1
- Safety:
  - Executive officer's duties, 16A17.3, 16A18.1
  - Medical officer in command, duties of, 16A13
- Sanitary Report. *See* **QUARTERLY SANITARY REPORT**
- Sanitary standards, 35A16
- Special ambulance trips, entries in journal of the day, 16A20.3
- Special hospitals. *See* **NAVAL SPECIAL HOSPITALS**
- Specialists' services for personnel of other Government departments and agencies, 3111.2
- Specialized treatment, hospitals designated for. *See* **SPECIALIZED TREATMENT, HOSPITALS DESIGNATED FOR**
- Supernumerary patients. *See* **SUPERNUMERARIES**
- Title "Naval Hospital," application of, 16A1
- Traffic regulations, duties of executive officer, 16A18.1
- Training of personnel:
  - Hospital corpsmen, 16A41.2
  - Junior Nurse Corps officers, 16A41.1
  - Junior officers, 16A41.1
  - Medical officer in command, duties of, 16A10.2
  - as Secondary mission of hospital, 16A41
  - Special groups, 16A41.3
  - Supervision by assistant to the executive officer, 16A25.2

**NAVAL HOSPITALS.—Continued**

- Transfers from, 16A37.2, 16A37.3
- Transfers (interhospital), medical survey requirement, 3310
- Transfers to:
  - for Chest reexamination only, unnecessary, 21103.5
  - General, 12B13
  - Health Record, custody of, 227
  - for Medical survey, when physical defects are discovered in officer, prior to resignation, etc., 21110
  - for Observation, for examination supplementary to annual physical examination of officers, 21104.11
  - upon Refusal to submit to medical treatment, etc., 12B31.3
  - from Ship, 12C20.1–12C20.5 (a)
  - Tubercular patients, from ships, 12C20.2
- Tuberculosis cases, notice to Public Health Service on discharge, 16A8.3
- Visiting hours, 16A16.2
- Wards:
  - Medical officers, 16A28
  - Order book, 515.3
  - Records, 515
  - Size, 35A16.1
- Watches:
  - Nurse Corps watches, 16A32
  - Permanent watches, 16A22
  - Senior watches, 16A22.2
- Weekly Report of Patients, 5111
- Welfare activities. *See* **WELFARE AND RECREATION**—Naval hospital activities
- NAVAL MEDICAL CENTER. *See* NATIONAL NAVAL MEDICAL CENTER, (BETHESDA, MD.).**
- NAVAL MEDICAL RESEARCH INSTITUTE:**
  - Activities, 16C9
  - Commissioning of, 16C2
- NAVAL MEDICAL SCHOOL. *See* UNITED STATES NAVAL MEDICAL SCHOOL.**
- NAVAL MILITARY GOVERNMENT HOSPITALS, how established, 16A1**
- NAVAL RESERVE:**
  - Death gratuity, 323.3
  - Deaths. *See* **DEATHS**—Naval Reserve personnel
  - Dental Corps, 1356–1357
  - Dental matters, duties of district dental officer, 1350.2 (f)
  - Dependents, eligibility for hospitalization and medical care, 415.2 (c), (d), 415.4

**NAVAL RESERVE.—Continued**

- District activities, inspection by district medical officer, 12D2.8
- District roster, 12D2.10
- Funeral expenses. *See* **FUNERAL EXPENSES**—of Naval Reserve personnel
- Health Record:
  - of Officers, opening of, 223.2
  - Termination of, 2243.1
- Hospitalization:
  - during Active duty period, 4131.3
  - when Active duty period expires while a patient in a naval hospital, 4131.1, 4131.2
  - at Army and Navy General Hospital, 16B8, 16B9
  - Compensation Commission patients, 4131.2
  - at Government hospitals other than naval, 16B2.1–16B4
  - Retired personnel, 4133
  - at Veterans Administration facilities, 16B36.1 (a)
- Identification Record:
  - See also* **IDENTIFICATION RECORD**
  - Required, 2247
- Inactive list, custody of Health Records, 229
- Incapacitated officers, information to be given in Report of Board of Medical Survey, 3320.2
- Medical officers, appointment, 12A17
- Nurse Corps. *See* **NAVAL RESERVE NURSE CORPS**
- Physical examination:
  - of Enlisted men, applicants for appointment as midshipmen, 2115.6
  - for Pilots, 21139.3
- Physical standards:
  - for Appointment and active duty (general), 2118, 2141.2
  - Color perception, 2125.1
  - for Commissioned rank, 2118.1–2118.2
  - for Enlisted ratings, 2118.3
  - for Enlistment, 2118.1
  - General application, 2114
  - Officers, neurological and psychiatric standards, 2193
  - Officers, ordered to overseas duty, non-disqualifying defects, 21108.2
  - Physical proportions, 2141.2
  - Summary in NAVMED–216, 2195
  - for Warrant rank, 2118.1
  - Weight variation from standard allowed for appointment, 2141.2

**NAVAL RESERVE.—Continued**

- Retirement for incapacitation, effect of line of duty status, 322.2
- Special service officers, physical qualification for, 21113.2
- Transfers to, disposed of from sick list as D, 235.1 (b)
- Vaccination requirement, 35B6.4
- Widows, eligibility for hospitalization and medical care, 415.2 (f)
- Women's Reserve. *See* **WOMEN'S RESERVE**
- NAVAL RESERVE NURSE CORPS:**
  - Appointment of officers, requirement, 145.3
  - Beneficiary slip, 1433
  - Discharge, 1425
  - Fitness report, at end of probationary period, 146.2
  - Funeral expenses. *See* **FUNERAL EXPENSES**—of Nurse Corps Reserve personnel
  - Health Records:
    - Officer appointed in regular service, continuance of original record, 2213
    - Opening, etc., 223.3
  - Maternity care for discharged members, etc., 4138
  - Orders to proceed home, 1426
  - Pay and allowances, 145.3 (b)
  - Period of service, agreement, 145.3 (a) (2)
  - Physical examination:
    - Kahn test and x-ray examination, 21100
    - Report at end of probationary period, 146.2
  - Physical standards:
    - General, 2196
    - Teeth, 2199
    - Weight, 2197.2
  - Probationary period, 146
  - Qualifications, 145.3
  - Regulations, examination on, at end of probationary period, 146.1
- NAVAL RESERVE OFFICERS TRAINING CORPS:**
  - Funeral expenses. *See* **FUNERAL EXPENSES**—of Naval Reserve Officers Training Corps
  - Hospitalization of members, 4139
  - Weight variation from standard allowed, 2141.2
- NAVAL SPECIAL HOSPITALS:**
  - Case records, 514
  - Civil employees, duties of branch labor boards, 423.2
  - Patient census, weekly dispatch report, 5144
  - Pension Claims Outstanding, Report of, 5141

**NAVAL SPECIAL HOSPITALS.—***Continued*

Sanitary reports. *See* **QUARTERLY SANITARY REPORTS** — Shore stations and hospitals

Transfers of patients:

From, without medical survey, 16A37.2

Medical survey requirements, 3310.1

To, approval required, 16B24

**NAVAL TRANSPORTATION SERVICE**, inspection of vessels by district medical officers, 12D2.8

**NAVAL WORKING FUND**, deposits in, 413.4, 413.5

**NAVMC-330-PD**, fingerprints taken from dead bodies, forwarding of, 3413

**NAVMC-817-QM (INFORMATION FOR NEXT OF KIN** — Marine Corps):

Procedure at activities having burial contracts, 3444.2

Tabulation of Reports, 513

**NAVME-A (ANNUAL SYPHILIS REPORT)**:

Date of submission, 35D4.1

Entries, instructions, 35D4.1

**NAVME-AV-1 (PHYSICAL EXAMINATION FOR FLYING)**:

Annual examination of:

Aviation personnel (general), 21143

Commissioned and warrant officers, 21104.14

Applicants for temporary appointment, 21111.1, 21112

Aviation medical examiners, 21141.2 (d)

Aviation observers, 21141.2 (a), (b)

Dental examination:

Dental officer's report to board of medical examiners, 1326.5

Markings used, 1326.4

Medical officer's recording, 12B16.8

Disqualified individuals, 21146.2

Disqualifying defects, notation, 21138.4

Failure to meet requirements for unrestricted flying in service group, 21140.3

Findings of examination as finally recorded, 21149.5

Flight surgeons, 21141.2 (d)

Forwarding to Bureau at end of year, 2221.4

Insertion in Health Record, 221

Inspection, 21148

Instructions (general), 5116

Medical survey report to be accompanied by, 3323

**NAVME-AV-1 (PHYSICAL EXAMINATION FOR FLYING).—***Continued*

Officers' examinations prior to transfer for overseas duty, 21108  
Requirement (general), 21146.1  
Student flight surgeons, 21141.2 (e)  
in Tabulation of Reports, 513  
Transfer, 21147

**NAVME-B (REPORT OF ALLOTMENT EXPENDITURES AND OBLIGATIONS)**, in Tabulation of Report, 513

**NAVME-E (STATEMENT OF RECEIPTS AND EXPENDITURES OF MEDICAL DEPARTMENT PROPERTY)**, in Tabulation of Reports, 513

**NAVME-F (INDIVIDUAL STATISTICAL REPORT OF PATIENT)**:

Abbreviations:

for Aviation status, 2312

for Methods of disposition, 234

for Methods of taking up, 232

Army officer on active duty, 4142.1  
for Aviation squadrons (or units), 237.6

Aviation status, designation of, 2312

Closing out at end of year, 236.2 (b)  
Coast Guard officers, active list, 4147.1

Death while on leave, reporting of, 237.12

Desertion status, disabilities arising while in, 2310

Diagnosis Undetermined cases, 238

District craft without Medical Department personnel, 237.7

EPTE cases, 239

Information for Service Record if necessary, 236.6

Injuries, reporting of, 2311

Instructions for numbered lines, 236.3

Intervening disabilities while on leave as a patient, 237.14

Intervening disabilities while on sick or convalescent leave, 237.13

IS cases, diagnosis, 235.4

Isolated, independent, or detached duty personnel, 237.9

Key letters, 2313

Line by line instructions, 236.3

Naval district headquarters personnel, 237.10

New forms opened:

after Change from Diagnosis Undetermined, 238.1

in FT cases, 233.4

for New year, 236.2 (b)

Personnel temporarily away from command, 237.3

**NAVMED-F (INDIVIDUAL STATISTICAL REPORT OF PATIENT).—Continued**

- Purpose, 236.1
- Recruiting duty, personnel on, 237.9
- Remarks, Line 12:
  - on Complication taken up as A, 233.3 (d)
  - on Disabilities arising while in desertion status, 2310
  - on Injuries, 2311.1
  - on Instructions, 236.3
  - on Poisonings, 2311.1
  - on Sequela, taken up as A, 233.3 (d)
  - on Venereal disease complications, 2317.2
  - on Venereal Disease Contact Report, 236.3
  - on Violence, 2321
- Retention for office files, 236.2 (b)
- Ships without medical department personnel, 237.5
- Sickness or injury occurring while on leave, 237.11
- Specialty letters, 2314
- Submarines, 237.6
- in Tabulation of Reports, 513
- This card sent from, Line 11:
  - General instructions, 236.3
  - Personnel in unusual status, 237.3, 237.6-237.9
- Transfers to hospitals in U. S. other than naval, 237.15
- When prepared, 236.2 (a)
- Yard craft, 237.4

**NAVMED-Fa (INDIVIDUAL STATISTICAL REPORT OF PATIENT):**

- Army officer on active duty, 4142.1
- for Army personnel treated in naval hospitals, 319.4
- Cadet nurse to be reported on, 4141.4
- Care in handling, 236.2 (b)
- Coast Guard officers, active list, 4147.1
- for Coast Guard personnel treated in naval hospitals, 319.4
- Forwarding:
  - Active-duty personnel records, 236.2 (b)
  - Examples, 236.5
  - Supernumeraries' records, 236.2 (c)
- Incomplete card, procedure, 236.6
- Initialing, 236.7
- Intervening disabilities while on sick or convalescent leave, 237.13
- of Personnel on leave or on duty away from Medical Department personnel, 237.2
- Personnel temporarily away from command, 237.3

**NAVMED-Fa (INDIVIDUAL STATISTICAL REPORT OF PATIENT).—Continued**

- Purpose, 236.2
- Remarks, NAVMED-171 prepared for A (NEW ADMISSION) to be entered, 5120.1
- Substitution (temporary) of NAVMED-210, 5121.1
- in Tabulation of Reports, 513
- Transfers to foreign hospitals, 237.16
- Transfers to hospitals in U. S. other than naval, 237.15
- Verification, 236.7
- When prepared, 236.2 (a)

**NAVMED-G (HOSPITAL TICKET):**

- Arrival of patient at hospital, check of his clothing, etc., against list, 516.2
- Copy to be presented for admission to Army and Navy General Hospital under certain conditions, 16B11 (d)
- Discharge or transfer of patient, check of his clothing, etc., against list, 516.3
- Patient transferred from ship to hospital, 12C20.3
- Patient transferred to a hospital or hospital ship, 516.1
- Substitution (temporary) of NAVMED-210, 5121.1
- In Tabulation of Reports, 513

**NAVMED-H (HEALTH RECORD), in Tabulation of Reports, 513****NAVMED-H-2 (PHYSICAL EXAMINATION):**

- See also* HEALTH RECORDS
- Birthplace, entry, 2216.4
- Color perception, entry, 2216.7
- Complexion, description of, 2216.6
- Desertion cases, entries, 2243.4
- Diseases, etc., prior to entering Navy, entry, 2216.3
- Duplication of, care in transcribing data, 2211.2
- of Enlisted personnel:
  - Opening, etc., 224
  - Reenlistment or extension of enlistment, 2215.3, 2215.4
  - Transfer to Reserve, 2215.5
- Hair, description of, 2216.5
- Instructions, 2216
- of Midshipmen commissioned as officers, 2214
- of Midshipmen, forwarding to Bureau, 223.4
- of Nurse Corps or Naval Reserve Nurse Corps officer, forwarding to Bureau, 223.3
- of Nurse Corps Reserve officer appointed in regular service, 2213

**NAVMED-H-2 (PHYSICAL EXAMINATION).—Continued**

- Personal description entries, 2249
- Physical characteristics, entries, 2217
- Previous service, entry, 2216.2
- Promotions, 2212
- Röntgenographic films of chest, forwarding from naval recruiting stations and induction centers, 21103.6 (d) (3)
- in Tabulation of Reports, 513
- Waivers of physical disability, entries, 2218

**NAVMED-H-3 (IMMUNIZATION RECORD):**

- See also HEALTH RECORDS*
- All immunizations and vaccinations to be recorded, etc., 2235.1
- Cowpox vaccination reactions, recording of, 2235.2, 35B9
- General requirements, 2235
- Severe reaction to any immunization procedure, entry, 2235.3
- Yellow fever inoculation, entry, 35B19

**NAVMED-H-3a (SPECIAL DUTY ABSTRACT):**

- See also HEALTH RECORDS*
- Control tower operator, special examination, entry, 21129.2
- Instructions, 2237
- Physical examinations of enlisted personnel, entries, 2221.3

**NAVMED-H-4 (DENTAL RECORD):**

- See also HEALTH RECORDS*
- Abbreviations covering operations and treatment:
  - Combinations, examples of, 2231.5
  - List, 2231.4
  - Where entered, 2229.2

- Availability to dental officer upon arrival at ship (enlisted personnel), 12B16.7

**Charts:**

- Differential characteristics of markings, 2233
- General characteristics of markings, 2232
- Lower, for operations and restorations, 2229.1, 2229.2
- Upper, for findings of first examination, 2227.2

- Classification of dental operations and treatment, 2231.4

**Classification of teeth, etc.:**

- Combination of designations, 2231.3
- Designations of teeth, 2231.1
- Surfaces, 2231.2

**Custody, 2230**

- of Enlisted man assigned to recruiting duty, 21124

**NAVMED-H-4 (DENTAL RECORD).—Continued**

- for Examination upon reenlistment, etc., 1326.3

**Handling, 2230**

- Identification purposes, use for, 2228.2, 2228.3

- of Midshipmen commissioned as officers, 2214

- of Midshipmen, forwarding to Bureau, 223.4

- More than one, 2227.3.

- New record in case of loss, 12B16.6

- Note on dental treatment other than naval, 3116.4

- of Nurse Corps or Naval Reserve Nurse Corps officer, forwarding to Bureau, 223.3

- of Patients sent from one activity to another for treatment, 2230.3

- Precious metal taken from dental patient's mouth, entry in re, 1333.8

**Preparation, 2227****Record of dental examination:**

- Contents, etc., 2228.1
- No abnormalities, etc., 2228.4
- Peculiarities, abnormalities, etc., 2228.3
- Value in establishing identity, 2228.2, 2228.3

**Record of dental operations:**

- Abbreviations, 2229.2
- Accidents in line of duty, entry, 2229.2
- Prosthetic treatment, 2229.2
- Series of treatments, 2229.3

- Refusal of dental treatment, entry, 1328.6

**Remarks, 2228.3, 2228.4**

- Replacement of lost record, 2227.1

- Return to medical officer after dental treatment, etc., 2230.2

- in Tabulation of Reports, 513

- Temporary appointment from active list and Fleet Reserves, 21111

- Transfer cases, 2230.2

**NAVMED-H-5 (ABSTRACT OF SERVICE AND ABSTRACT OF MEDICAL HISTORY):***See also HEALTH RECORDS*

- Abstract of Medical History, 2239

- Abstract of Service, 2238

- Reenlistment, entry, 2215.4

- Return of patient after transfer to non-naval hospital, entries, 228.1 (a)

- Supplement, abstracts from NAVMED-H-8, 2221.4

**NAVMED-H-6 (VENEREAL DISEASE ABSTRACT):***See also HEALTH RECORDS*

- Instructions, etc., 2241

**NAVMED-H-7 (ABSTRACT OF ANTILUETIC TREATMENT):***See also* **HEALTH RECORDS**

Instructions, etc., 2242

Use in preparing NAVMED-A (Annual Syphilis Report), 35D4.1 (a), (b)

**NAVMED-H-8 (MEDICAL HISTORY):***See also* **HEALTH RECORDS**

Abbreviations for:

Methods of disposition from sick list, 234

Methods of taking up on sick list, 232

Abstracts for supplement to NAVMED-H-5, 2221.4

Admission to sick list, entries, 2220

Ailments not requiring admission to sick list, notes, 2225.1

Army personnel:

Arrival of patient at Naval Medical Department activity, procedure, 2252.1

Discharge of patient to duty, procedure, 2252.3

Entries, 2252.1

Maintenance of records, 2252.1

Transfer of patient at naval medical unit, procedure, 2252.2

Dental treatment:

Entries, 2234

Other than naval, note, 3116.4

Refusal of treatment, entry, 1328.6

Desertion cases, note, 2243.4

Diagnostic tests, entry, 2225.3

Disappearance cases, entry, 225.12

Diseases, etc., prior to entering

Navy, entry, 2216.3

Duplication, 2211.2

Enlisted personnel:

Changes in status, etc., 2215.3, 2215.5

Transferred to Fleet Reserve or Fleet Marine Corps Reserve, 2215.5

Examples of entries, 2226

Foreign service expeditions, entries, 226.5

Forwarding to Bureau at end of calendar year, 2221.4, 2221.5

General instructions for entries, 2219

Identification tag, entry, 2225.4

Medical survey board's findings and recommendations, entry, 2225.2

Midshipmen commissioned as officers, 2214

Minor afflictions, notes, 2225.1

Notes, entries made as, 2225.1

**NAVMED-H-8 (MEDICAL HISTORY).—Continued**

Nurse Corps Reserve officer appointed in regular service, entry, 2213

of Officers, attached to NAVMED-Y that is submitted to Bureau after annual physical examination, 21104.15

Patients in custody of civil authority, 2224

Photofluorographic survey of chest, entries, 2225.6, 21103

Physical examination entries, 2221

Promotions, 2212.1

Return to patient after transfer to non-naval hospital, entry, 228.1 (a)

Serological tests, 2225.3

Sickness on leave, etc., 2223

Substitution (temporary) of NAVMED-210, 5121.1

Supernumeraries, 2246

In Tabulation of Reports, 513

Venereal disease entries:

Instructions, 2222

Limitation, 2241

X-ray films, entry on transfer with patient, 2225.5

**NAVMED-H-9 (AVIATION MEDICAL ABSTRACT):***See also* **HEALTH RECORDS**

Annual physical examination, Class 2 aviation personnel, 21143

Assignments necessitating preparation, 2240.1

Aviation medical examiners, 21141.2 (d)

Aviation observers, entries in re examinations, 21141.2 (a)

Combat aircrew personnel, 21141.2 (f), 21143

Contents, 2240

Flight surgeons, 21141.2 (d)

Instructions for making entries, 2240.2

Non-flying aviation personnel 21141.2

Physical examinations of enlisted personnel, entries, 2221.3

Student naval flight surgeons, 21141.2 (e)

**NAVMED-HC-3 (RECEIPT, TRANSFER, AND STATUS CARD):**

Abbreviations, Lines 9 and 10, 517.5 for Enlisted person in Hospital Corps, when to be submitted, 517.3

Entries on Lines 11-15, special instructions, 517.4

Instructions for making entries, 517.5

of Officer of Hospital Corps, when to be submitted, 517.2

- NAVMED-HC-3 (RECEIPT, TRANSFER, AND STATUS CARD).**—*Continued*  
in Tabulation of Reports, 513  
When to be prepared and submitted (general), 517.1
- NAVMED-HC-4 (ROSTER REPORT OF THE HOSPITAL CORPS):**  
Forwarding (dates, etc.), 518.1  
Front of form, instructions for entries, 518.2  
Numbered columns, instructions for preparation of, 518.4  
Preparation and submission, 518.1  
Reverse side of form, instructions for entries, 518.3, 518.4  
in Tabulation of Reports, 513
- NAVMED-HF-1 (ADMISSION OR DISCHARGE OF OFFICER):**  
Requirement, 519  
in Tabulation of Reports, 513
- NAVMED-HF-10 (DAILY PERSONNEL REPORT):**  
Submission, 5110  
in Tabulation of Reports, 513
- NAVMED-HF-36 (RATION RECORD):**  
Report on funds collected locally in naval hospitals from supernumeraries, 413.6  
Supernumeraries outside U.S., 416.3  
in Tabulation of Reports, 513  
Veterans Administration outpatients, 4150.6
- NAVMED-HF-38 (BURIAL RECORD),** requirement, 514.2
- NAVMED-HF-39 (REGISTER OF PATIENTS):**  
Requirement (general), 514.1  
Veterans Administration patients, 4150.2
- NAVMED-HF-61 (INFORMATION FOR NEXT OF KIN):**  
Procedure at activities having burial contracts, 3444.2  
in Tabulation of Reports, 513
- NAVMED-I (WEEKLY REPORT OF PATIENTS):**  
Instructions, 5111  
in Tabulation of Reports, 513
- NAVMED-K (REPORT OF DENTAL OPERATIONS AND TREATMENT):**  
All treatment completed, entry, 5112.13  
Case statistics section, 5112.6  
Coast Guard personnel, 5112.2  
Dental operations to be reported on, 2320  
Dental treatment given for humanitarian reasons (not officially authorized), statement, 5112.4
- NAVMED-K (REPORT OF DENTAL OPERATIONS AND TREATMENT).**—*Continued*  
Essential treatment completed, entry, 5112.12  
Examinations section, 5112.7  
Forwarding by dental officers, 1336.3  
General requirement, 5112.1  
Monthly summary of dental treatment, 1337  
Prosthetic cases summary, 5112.8  
Receiving treatment, entry, 5112.11  
Remarks, entries, 5112.14  
Requirement, 1337  
Requiring treatment of those examined, entry, 5112.10  
in Tabulation of Reports, 513  
Total sittings (visits), entry, 5112.9  
Treatment summary section, 5112.9  
United Nations personnel, 5112.3  
Veterans Administration personnel, 5112.2
- NAVMED-L (REPORT OF PROSTHETIC DENTAL TREATMENT):**  
Preparation, etc., 1329.5, 1338  
in Tabulation of Reports, 513  
for Treatment of military personnel of foreign nations, 4162.2
- NAVMED-M (REPORT OF BOARD OF MEDICAL SURVEY):**  
*See also* **MEDICAL SURVEY**  
Admitted from and date of admittance, entries, 3319.3  
Adverse entries, 3319.9  
Aggravation by service, entry, 3319.8  
Air mail, forwarding by, 3317.2  
Army and Navy General Hospital, requirement of copy for admission to, 16B11 (b)  
Date of survey, entry, 3319.1  
Diagnosis, entries, 3319.4  
Disposition of patients, 3318  
Existed prior to appointment or enlistment, entry, 3319.7  
Forms of entries, 3319  
Identification data, entries, 3319.2  
Information to be included, 331  
Line of duty status, entry, 3319.6  
Misconduct status:  
Entries (general), 3319.5, 3319.9  
Rebuttal by patient, entries, 326-329  
Preparation, 3317.1  
Present condition, entry, 3319.11  
Probable future duration of unfitness, entry, 3319.12  
Routing, 3317  
Service, data concerning, form of entries, 3319.2

**NAV MED-M (REPORT OF BOARD OF MEDICAL SURVEY.—Continued**

Summary of case history, entry, 3319.10

in Tabulation of Reports, 513

**NAV MED-N (CERTIFICATE OF DEATH):**

Civil employees, 4130.1

Copies to be made, disposition, 344.1

Ex-service personnel at naval hospitals, 349.1

Fingerprint impressions, 344.3 (j), 3413

Fleet Reserve or Fleet Marine Corps Reserve inactive personnel, 346.2

Forwarding to Bureau, 344.1

Inactive reservists, 348

Instructions for preparing, 344.3

Line of duty status to be shown, 3220

Merchant seamen at naval hospitals, 349.2

Missing personnel, procedure, 344.2

Persons awaiting orders, or detached from duty, etc., 345.2

Persons on leave, etc., 345

to be Prepared by medical officer, 344.1

Public Health Service Hospital (Fort Worth) patients, 3410

Retired personnel, 346.1

St. Elizabeths Hospital patients, 3410

Substitution (temporary) of NAV MED-210, 5121.1

Supernumeraries at naval hospitals, 349

in Tabulation of Reports, 513

Transfer of body of person who dies within continental United States, etc., to a naval hospital, 3443.2

**NAV MED-P (REPORT OF SURGICAL OPERATIONS):**

Dental operations not to be reported on, 5113.5

Entries, instructions, 5113.4

Listing of operations by titles, 5113.3

Nomenclature of surgical operations, 2320

Parts, 5113.2

Preparation, submission, etc., 5113.1

in Tabulation of Reports, 513

**NAV MED-Q (CLINICAL CHART):**

Instructions, 5114

Requirement, 515.4

**NAV MED-S (BINNACLE LIST):**

Submission, etc., 12C17

in Tabulation of Reports, 513

**NAV MED-T (MORNING REPORT OF SICK), in Tabulation of Reports, 513****NAV MED-U (REPORT OF MEDICAL, DENTAL, AND HOSPITAL TREATMENT OTHER THAN NAVAL):**

in Tabulation of Reports, 513

When not required, 319.2

When required, 318

**NAV MED-X (RECRUITING STATISTICS):**

Central recruiting office report, 5115.3

Examination for ship or station to which no medical officer is attached, 5115.3

No application for enlistment received, entry, 5115.4

Reenlistment cases, 2120

Rejections, entries:

General instruction, 2112.4

by Principal causes, 5115.7

"Rejected by the medical officer," 5115.6

Submission, 5115.2

in Tabulation of Reports, 513

Total applicants, entry, 5115.5

Total enlisted, entry, 5115.5

**NAV MED-Xa (RECRUITING FILE RECORD):**

Filing, 2112.2, 5115.1

Forwarding from substations, 2112.3

For whom prepared, 2112.2

Instructions, 5115

Retention, 2112.2

in Tabulation of Reports, 513

Waivers, notation of physical disqualifications, 2112.7

**NAV MED-Y (REPORT OF PHYSICAL EXAMINATION):**

Deep-sea divers, report on examination for continuance in service, 21134.3

Dental examinations:

Annual physical examination of commissioned and warrant officers, use of charts in reports, 21104.8

Markings, 1326.4

Recording by medical officer, 12B16.8

Report by dental officer to board of medical examiners, 1326.5

Enlisted personnel:

Transfer to Fleet Reserve, examination for, 21118.3

Transfer to Fleet Reserve or Fleet Marine Corps Reserve, 2215.5

Forwarding to Bureau at end of year, 2221.4

General instructions, 5116

**NAVMED-Y (REPORT OF PHYSICAL EXAMINATION).—Cont.**

Minor physical defects, 2110.2 (a)

Naval Academy candidates:

Eye examinations, 2115.3

Preliminary examination, 2115.1

Nurse Corps officers' examinations, 21102, 21106, 21116.4

Officers:

Annual physical examination, 21104.8, 21104.9, 21104.14, 21104.15

Examination prior to resignation, discharge, dismissal, etc., 21110

Examination prior to transfer for duty overseas, findings forwarded on, 21108

Retired officers on detail to active duty, 21115

Special physical examination, 21107

Roentgenographic examination of chest, statement on failure to make, 21103.1

Special diagnostic procedures, reports, 218

in Tabulation of Reports, 513

**NAVMED-4 (REQUISITION AND INVOICE, MEDICAL SUPPLIES AND EQUIPMENT):**

for Inoculants, 35B5.2

in Tabulation of Reports, 513

**NAVMED-17 (CLINICAL NOTES),** requirement, 515.4**NAVMED-70 (PATIENT'S IDENTITY TAG):**

Classification of patients, 5117.2

General instructions, 5117.1

in Tabulation of Reports, 513

**NAVMED-102 (REPORT OF NEUROPSYCHIATRIC PATIENTS):**

Submission, 5118

in Tabulation of Reports, 513

**NAVMED-103 (HOSPITAL BED CAPACITY—QUARTERLY REPORT):**

Submission, 5119

in Tabulation of Reports, 513

**NAVMED-171 (VENEREAL DISEASE CONTACT REPORT):**

Entry on NAVMED-F, Line 12, 236.3

Preparation, etc., 5120

Report to civil authorities on probable source of infection, 12B6.2

in Tabulation of Reports, 513

**NAVMED-172 (WEEKLY MORBIDITY REPORT):**

Instructions, 35D2

in Tabulation of Reports, 513

**NAVMED-210 (EMERGENCY MEDICAL TAG):**

Description, use, etc., 5121

in Tabulation of Reports, 513

**NAVMED-216 (INDEX OF REFERENCES, PHYSICAL STANDARDS):**

Contents, 2195

Teeth standards covered by, 2150.2

**NAVMED-220 (MANUAL OF TREATMENT OF CASUALTIES FROM CHEMICAL WARFARE AGENTS),** as guide in chemical warfare, 12C35.1**NAVMED-416 (HOSPITAL TICKET—WOMEN):**

to Accompany each patient transferred to a hospital or hospital ship, 516.1

Arrival of patient at hospital, check of her clothing, etc., against list, 516.2

Copy to be presented for admission to Army and Navy General Hospital under certain conditions, 16B11 (d)

Discharge or transfer of patient, check of her clothing, etc., against list, 516.3

Patient transferred from ship to hospital, 12C20.3

Substitution (temporary) of NAVMED-210, 5121.1

in Tabulation of Reports, 513

**NAVMED-439 (LOW PRESSURE CHAMBER FLIGHT LOG):**

Preparation and submission, 5122

in Tabulation of Reports, 513

**NAVMED-440 (ALTITUDE TRAINING UNIT MONTHLY REPORT):**

Preparation and submission, 5122

in Tabulation of Reports, 513

**NAVMED-461 (QUARTERLY DENTAL REPORT):**

Submission, etc., 1339

in Tabulation of Reports, 513

**NAVMED-562 (DEPENDENT'S IDENTIFICATION CARD)** instructions, 419.1**NAVMED-569 (RECAPITULATION OF LEDGER ACCOUNTS, REGISTER NO. 3),** in Tabulation of Reports, 513**NAVMED-576 (INDUSTRIAL HEALTH REPORT DATA SHEET):**

to be Attached to Monthly Industrial Health Report, 5133.2

in Tabulation of Reports, 513

**NAVMED-582 (MONTHLY MORBIDITY REPORT):**

Calculation of average strength, 35D3.4

Constitution of average strength, 35D3.3

Personnel to be reported, 35D3.5

Preparation, 35D3.2

Purpose, 35D3.1

- NAVMED-582 (MONTHLY MORBIDITY REPORT).**—*Continued*  
 Routing, 35D3.2  
 Special category personnel, 35D3.6  
 in Tabulation of Reports, 513
- NAVMED-589 (MONTHLY REPORT OF NIGHT VISION TRAINING):**  
 Submission, etc., 5123  
 in Tabulation of Reports, 513
- NAVMED-590 (COMBINED REPORT OF ENLISTED HOSPITAL CORPS PERSONNEL):**  
 Preparation, etc., 5124  
 in Tabulation of Reports, 513
- NAVMED-601 (REPORT OF BURIAL):**  
 in case of Burial outside the continental U.S., 3419.2  
 Fingerprints taken from dead bodies, forwarding on, 3413  
 Submission, etc., 5125  
 in Tabulation of Reports, 513
- NAVMED-609 (REPORT OF DISPOSITION AND EXPENDITURES — REMAINS OF THE DEAD):**  
 Preparation, etc., 5126  
 in Tabulation of Reports, 513
- NAVMED-610 (MONTHLY PROSTHODONTIA REPORT):**  
 Instructions, 1340  
 Submission, etc., 1338  
 in Tabulation of Reports, 513
- NAVMED-618 (REPORT OF PHOTOFUOROGRAPHIC CHEST SURVEY),** in Tabulation of Reports, 513
- NAVMED-621 (PENICILLIN THERAPY REPORT — EARLY AND LATENT SYPHILIS):**  
 Preparation, etc., 5127  
 in Tabulation of Reports, 513
- NAVMED-622 (SPINAL FLUID TEST REPORT):**  
 Requirement, 5127  
 in Tabulation of Reports, 513
- NAVMED-623 (MONTHLY KAHN TEST REPORT):**  
 Requirement, 5127  
 in Tabulation of Reports, 513
- NAVMED-669 (MONTHLY SUMMARY — MEDICAL CARE OF DEPENDENTS):**  
 Submission, etc., 4111  
 in Tabulation of Reports, 513
- NAVMED-734 (CIVIL READJUSTMENT REPORT PROGRESS CARD):**  
 Preparation, etc., 5128  
 in Tabulation of Reports, 513
- NAVMED-785 (SEMI-ANNUAL DENTAL OFFICER PERSONNEL REPORT):**  
 Submission, etc., 1342  
 in Tabulation of Reports, 513
- NAVMED-816 (REPORT OF CAISSON DISEASE OR DIVING ACCIDENT):**  
 Requirement, 12E53.2  
 in Tabulation of Reports, 513
- NAVMED-872 (PHYSICAL CAPACITY APPRAISAL FORM):**  
 Preparation, submission, etc., 5129.1  
 in Tabulation of Reports, 513
- NAVMED-873 (COUNSELING RECORD):**  
 Preparation, submission, etc., 5129.2  
 in Tabulation of Reports, 513
- NAVPER-546 (SPECIAL IDENTIFICATION CARD),** instructions, 2251
- NAVPER-601 (REPORT OF BENEFICIARIES),** instructions, 1433
- NAVPER-672,** instructions, 157.8
- NAVPER-681,** fingerprints, instructions, 2248.3
- NAVY YARDS (SHIP YARDS):**  
 Civilian employees, unofficial certificates of ill health, etc., 12B24.2  
 Dental officer's duties, 1354  
 Monthly Industrial Health Report, 5133  
 Photofluorographic equipment, 21103.4
- NECK:**  
 Causes for rejection, 2156  
 Examination of, 2155
- NEGLIGENCE:**  
 Disability due to, line of duty status, 3226  
 as Misconduct, 324
- NEPHRITIS,** albumin in urine not justification for diagnosis, 2179
- NERVOUS SYSTEM:**  
 Diseases:  
   *See also* **PSYCHONEU-ROSES**  
   Classification, p. 288  
 Examination:  
   *See also* **PSYCHIATRIC EXAMINATION**  
   Aviation personnel (general), 21149.4 (g)  
   General considerations, 2187  
   Method, 2188  
   for Motor torpedo boat training and duty, 21135.2 (k)  
 Standards:  
   *See also* **PSYCHIATRIC STANDARDS**  
   for Appointment, 2189, 2193  
   for Aviation personnel (non-flying), 21141.2

**NERVOUS SYSTEM.—Continued****Standards.—Continued**

- for Deep-sea diving duty, 21134.2 (m), (n)
- for Enlistment, 2189, 2192
- for Motor torpedo boat training and duty, 21135.2 (k)
- for Naval Academy candidates, 2194

**NET TENDING**, special physical requirements, 21130

**NEUROLOGICAL CASES**, Veterans Administration beneficiaries, hospitalization, 4150.1

**NEUROPSYCHIATRIC EXAMINATIONS.** *See* **PSYCHIATRIC EXAMINATIONS.**

**NEUROPSYCHIATRIC PATIENTS.** *See* **PSYCHONEU-ROSES.**

**NEUROPSYCHIATRIC STANDARDS.** *See* **PSYCHIATRIC STANDARDS.**

**NEUROSURGERY**, hospitals designated for, 16B19

**NEW ADMISSION.** *See* **A (NEW ADMISSION).**

**NEWFOUNDLAND:**

- a Domestic country for purposes of quarantine, 35C9.2
- Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2

**NEWSPAPERS**, at naval hospitals, 1517.3

**NEXT OF KIN:**

*See also* **DEATHS**—Notification to next of kin

Dispatch notification to:

- Requirement, 3417-3419
- in Tabulation of Reports, 513

Information for, report of. *See* **NAVMED-HF-61**

Letter to:

- Requirement, 3417.2
- in Tabulation of Reports, 513

**NIGHT VISION:**

Aviation personnel, duties of flight surgeon, 12E45.1

Motor torpedo boat training and duty, standards, 21135.2 (c)

Submarine personnel, instruction of, 12E49.1

Tests:

- for Lookouts, 21126
- Monthly report, 5140.1-5140.3
- Monthly Statistical Summary, 5140.4
- Tabulation of Reports, 513

**NIGHT VISION TRAINING:**

Monthly report. *See* **NAVMED-589**

**NAVMED-H-9** entry, 2240.2 (b)

**NMC-330.** *See* **IDENTIFICATION RECORDS**—Navy (NAVPER-680) and Marine Corps (NMC-330).

**NNI-96 (INTELLIGENCE REPORT):**

Foreign ports survey, coordination of efforts before beginning, 35D13.2

Subjects on which data shall be submitted, 35D13.1

**NO DISEASE:**

Change in diagnosis because of error, 2316.5 (c)

Medical survey reports, final action on cases, 3318.3 (j) (1)

Reason or condition for use of title to be recorded, 2316.5 (b)

When entry is used, 2316.5

**NO DISEASE (CONVALESCENT LEAVE):**

AD and C procedure, 233.6, 235.2 (g), 237.17

General, 237.17

**NO DISEASE (OBSERVATION)**, diagnosis changed from Diagnosis Undetermined, 2316.5 (d)

**NOMENCLATURE.** *See* **DIAGNOSTIC NOMENCLATURE; SURGICAL OPERATIONS**—Nomenclature; **VIOLENCE**—Nomenclature of nature and cause.

**NOSE:**

Deviation of septum, notation in annual examination of commissioned and warrant officers, 21104.10

Diseases of, classification, p. 232

Examination, 2148

Standards:

for Aviation personnel (general), 21164

for Combat aircrew personnel, 21141.2 (f) (5)

for Deep-sea diving duty, 21134.2 (h)

for Enlistment or appointment, 2149

for Motor torpedo boat training and duty, 21135.2 (f)

for Submarine service, 21133.2 (d)

**"NOT IN LINE OF DUTY," ENTRY IN HEALTH RECORD:**

*See also* **LINE OF DUTY STATUS**

Information to patient; rebuttal statement, 3230

Naval hospital entries, approved by medical officer in command, required, 16A11.1

**NUMBERS:**

Class numbers, explanation, 2315.2

Diagnosis numbers:

Alphabetical list of titles, pp. 295-309

Class list, pp. 279-295

Explanation, 2315.2

**NUMBERS.—Continued**

Diagnosis numbers.—*Continued*

on NAVMED-F, Lines 4, 9, and  
10, instructions, 236.3

**NURSE CORPS:**

Administration, 116.2

Appointments:

Assistant superintendent, 147.2  
Lieutenants, junior grade,  
147.3

Original appointments, 145.1

Qualifications, 145.2

Superintendent, 147.1

Assignment of officers, 1415-1416

Assistant superintendents, appoint-  
ment, 147.2

Authority, 143

Aviation service, attendants for  
patients in air transit, 12E46.2  
(c)

Beneficiary slip, 1433

Cadet nurses, medical and hospital  
care, 4141

Compensation, 1411-1414

Death gratuity, 323.3

Discharge:

Misconduct cases, 1426.2

Orders to proceed home, 1426

Physical examination prior to,  
1427

Transfer to inactive status in  
Naval Reserve Nurse Corps,  
1425

Travel expenses, 1426.4

When given, etc., 1425

Duties, 148-1410

Educational requirements, 145

Establishment, 141

Fitness reports, 146.2, 1432

Health Records:

Custody, 2210

Opening, etc., 223.3

Terminated, 2243.5

Hospital Corps instruction by offi-  
cers, 157.7

Leave:

of Absence, amount to which  
entitled, 1417

Absence over leave, 1419

Accrued leave, credit for, 1417.3

Accrued leave while under or-  
ders to proceed home, 1426.4

Accumulation, 1417.2

Authority to grant, 1420

Final, prior to discharge, 1424

Permission to leave the U. S.,  
1423

Report on leave taken, 1421.2

Requests for, 1421

Return to the U. S. on leave,  
1422

Sick leave, 1418

Without pay and allowances,  
1417.4

**NURSE CORPS.—Continued**

Monthly return to the disbursing  
officer, 1431

in Naval hospitals. *See* **NAVAL  
HOSPITALS**—Nurse Corps

Naval Reserve. *See* **NAVAL RE-  
SERVE NURSE CORPS**

Official communications, 1430

Organization, 141-147

Pay and allowances:

Active service pay, when to  
begin, 145.2 (g)

General, 1411

Longevity pay, 1412

Period of service, agreement, 145.2  
(f), 145.3

Physical examinations:

Annual, 1434, 21106, 2221.5

prior to Discharge, 1427

Kahn and x-ray, 21100

Original examination of ap-  
plicants, 21102

for Overseas service, 21116.2

at end of Probationary period,  
146.2, 21116.1

before Release from active  
duty, 21116.3

Reports, 146.2, 21116.4

Physical inability to perform duties,  
146.3, 146.4

Physical standards:

for Appointment, 145.2 (d)

Color perception, 2125.3

Eyes, 2125.3, 2198

General, 2196

Height, 2197

Teeth, 2199

Weight, 2197

Probationary period, 146

Probationers, information to be  
given to, 146.5

Promotions, 147

Qualifications, 145.2

Quarters, 1414

Rank, 142

Regulations, examination on, at end  
of probationary period, 146.1

Reports and returns, 1430-1434

Reserve. *See* **NAVAL RESERVE  
NURSE CORPS**

Retired nurses, hospitalization,  
4132

Retirement:

Application and recommenda-  
tion, 1423

Medical boards, 1429

Subsistence, 1413

Superintendent:

Appointment, 147.1

Duties, 149

Titles of officers, 144

Transfer of officers, 1416

**NUTRITION.** *See* **FOOD.**

**NYSTAGMUS:**

Equilibrium test, 21165.2  
to be Noted in eye examination,  
21155.2

**O****OBESITY, AS DISQUALIFICATION FOR:**

Appointment, 2141.1  
Deep-sea diving duty, 21134.2 (b),  
21134.2 (n)  
Enlistment, 2140.3, 2140.4  
Submarine service, 21133.2 (m)

**OCCUPATIONAL HAZARDS. See HAZARDS.****OCCUPATIONAL HEALTH. See HEALTH—Industrial health.****OFFICER OF THE DAY. See NAVAL HOSPITALS—Officer of the day.****OFFICERS:**

*See also* **APPOINTMENTS; PHYSICAL EXAMINATIONS; PHYSICAL STANDARDS; PROMOTION; RETIRED OFFICERS; RETIREMENT—of Officers; and headings beginning with MEDICAL**

Report of Admission or Discharge  
of. *See* **NAVMED-HF-1**

**OPERATING ROOMS:**

in Naval hospitals, responsibility  
for, etc., 16A39  
on Ships, Annual Sanitary Report,  
35D12 (E)

**OPERATIONAL AND LOGISTICAL PLANS, medical aspects, duties of district medical officer, 12D2.3****OPTICAL DISPENSING UNIT, fabrication of glasses upon prescription of civilian specialist, 3113****ORAL HYGIENE:**

Lectures, etc., to recruits at training stations, 1353.2  
Prevention of disease, duties of dental officers, 1327

**ORTHOPEDIC APPLIANCES:**

for Civil employees, 4126  
for Dependents of naval personnel,  
not at Government expense, 416.4

**OTOSCOPIC EXAMINATION OF AUDITORY CANAL, etc., 2130****OVERSEAS HOSPITALS. See HOSPITALS—Overseas hospitals.****OVERSEAS SERVICE:**

Nurse Corps, physical examination  
for, 21116.2  
Shore duty, physical examination of  
enlisted men, 21122

**OVERSEAS TRAVEL:**

Immunization records, requirements:  
Smallpox, 35B6.5  
Tetanus, 35B12.5

**OVERSEAS TRAVEL.—Continued**  
Immunization records, requirements.—*Continued*

Typhoid and paratyphoid,  
35B10.4

Immunization regulations, evidence  
of compliance with required,  
35B3.3

**OVERWEIGHT. See OBESITY.****P****PARACHUTE RIGGER, special physical requirements, 21130, 21131****PARAKEETS, quarantine declaration certificate, 35C10****PARASITIC DISEASES, classification, p. 291****PARATYPHOID FEVER. See TYPHOID AND PARATYPHOID FEVERS.****PARROTS, quarantine declaration certificate, 35C10****PATHOGENIC CULTURES AND TISSUES. See ANIMALS AND THEIR PRODUCTS.****PATIENT BED CAPACITIES, weekly dispatch report, 5144****PATIENT BED CAPACITIES AND PATIENT CENSUS, report, in Tabulation of Reports, 513****PATIENT RECEIVED FROM (Line 7, NAVMED-F), instructions, 236.3****PATIENTS:**

Critically Ill, Report of, duties of medical officer in command of hospital, 16A9.2

Critically Ill, Report of, in Tabulation of Reports, 513

in Custody of civil authorities, 2224  
Identity Tag. *See* **NAVMED-70**  
Individual Statistical Report of.

*See* **NAVMED-F and Fa**  
in Naval hospitals. *See* **NAVAL HOSPITALS—Patients**

Records, duties of record officer,  
1513.2

Transfers of, 12B13

Weekly Report of, 5111

**PATIENT'S IDENTITY TAG. See NAVMED-70.****PAY:**

of Civil employees. *See* **CIVIL EMPLOYEES—Pay**

Forfeiture for absences due to misconduct, 323.1, 3217

Misconduct status, effects of, 323.1

**PAYROLL OF PERSONS EMPLOYED (FORM STANDARD NO. 1073), in Tabulation of Reports, 513****PEDICULI, examination of skin for, 2143****PEDICULOSIS, finding in examination of skin, procedure, 2143**

**PELVIC ORGANS** of women, examination, 21101.2

**PELVIS:**

Examination, 2176, 21101.2

Standards for enlistment or appointment, 2177, 21101

**PENICILLIN THERAPY REPORT**—EARLY AND LATENT SYPHILIS. *See* NAVMED-621.

**PENSION CLAIMS OUTSTANDING, REPORT OF:**

Instructions, 5141

in Tabulation of Reports, 513

**PENSIONERS:**

Death, notification to next of kin, 3417.9

Funeral expenses. *See* **FUNERAL EXPENSES**

Hospitalization at Government hospitals other than naval, 16B2.2

**PENSIONS:**

Administration of pension while pensioner is in hospital, 4135

Application for:

Record to accompany patient transferred to Veterans Administration facility, 3330.4 (b)

VA Form 526, in Tabulation of Reports, 513

Line of duty status as affecting, 322.3

in Tuberculosis cases, retention of pensioner in naval hospital, 3328.4 (b)

**PERINEUM:**

Examination, 2176

Standards for enlistment or appointment, 2177

**PERIODICALS IN NAVAL HOSPITALS:**

Professional publications, how obtained, 16A44.1

Welfare officer's duties, 1517.3

**PERSONAL DESCRIPTION ENTRIES**, on NAVMED-H-2 and NAVPERS-680, 2217, 2249

**PERSONAL EFFECTS:**

*See also* **DEATHS**—Shipment of personal effects; **NAVAL HOSPITALS**—Patients—Personal effects

of Patients transferred from ships to hospitals, 12C20.3

**PERSONALITY TRAITS**, disqualification for motor torpedo boat training and duty, 21135.2 (k)

**PERSONNEL IN UNUSUAL STATUS** (in reporting of medical statistics):

Aviation squadrons (or units), 237.6

Convalescent leave, 237.17

Death while on leave, 237.12

**PERSONNEL IN UNUSUAL STATUS** (in reporting of medical statistics).—*Continued*

District craft without Medical Department personnel, 237.7

on Duty away from Medical Department personnel, 237.2

Intervening disabilities:

while on Leave as a patient, 237.14

while on Sick or convalescent leave, 237.13

Instructions (general), 237

Isolated, independent, or detached duty, 237.9

on Leave, 237.2

Naval districts, 237.10

on Recruiting duty, 237.8

Ships without Medical Department personnel, 237.5

Sickness or injury occurring while on leave, 237.11

Submarines, 237.6

Temporarily away from command, 237.3

Transfers to foreign hospitals, 237.16

Transfers to hospitals in United States other than naval, 237.15

Yard craft, 237.4

**PERSONNEL OFFICER:**

for Civilian personnel administration:

Assignment, etc., 422.2

Classification of positions, duties in re, 428.2

Duties in naval medical activities, 1512

**PERSONNEL OF MEDICAL DEPARTMENT**, 119

**PERSPIRATION**, offensive, as cause for exclusion from submarine service, 21133.2 (k)

**PHARMACIST'S MATES:**

*See also* **HOSPITAL CORPS**

Chief and first class, recommendation of hospital corpsman for advancement to, 155.5

Instruction, 157.5

on Submarines, special instruction for independent duty, 12E49.2

on Vessels without medical officers, 157.9

**PHARMACY OFFICER**, 1516

**PHARYNX:**

Examination:

Aviation personnel, 21164

for Enlistment or appointment, 2148

Standards:

for Aviation personnel, 21164

for Enlistment or appointment, 2149

**PHENOL SOLUTIONS**, tinting, 12B22.6

**PHOROMETER TRIAL FRAME**, 21152.1, 21152.2, 21153.1, 21153.2

**PHOTOFLUOROGRAPHIC SURVEY OF CHEST.** *See* CHEST — Roentgenographic examination

**PHOTOFLUOROGRAPHIC UNITS:**

Identification of films, 21103.6 (b)

Location, 21103.4

Logs, 21103.6 (a)

**PHOTOGRAPHS:**

Intelligence reports, 35D13.1 (g)

Submission required for Dental

Corps appointments, 137 (d)

Submission required for Medical

Corps appointments, 12A8.4

**PHYSICAL CAPACITY APPRAISAL FORM.** *See* NAVMED-872.

**PHYSICAL DEFECTS.** *See* PHYSICAL STANDARDS.

**PHYSICAL EXAMINATIONS\*:**

Abdomen, 2173, 2174

Adaptability of applicant to duties, consideration of, 2113.4

Anal region, 2176

Annual examinations, 12E52.3, 1434, 21104-21106, 21143, 2221.1, 2221.4

for Antiaircraft gunner rating, 21125.1

for Appointment, 216, 2164, 21111, 21112

of Aviation personnel, 2119, 21137-21165, 2240.2 (d), 3323

Blood pressure, method of taking, aviation personnel, 21149.4 (d)

Bureau responsibility, 212

By whom conducted, 214

for Change of rating, Health Record entries, 2221.3

of Chest, 2136, 2159, 21100, 21103

of Civil employees, 21136

of Civilian annuitants, 21136.5

for Continuance in service, action on disqualifying defects, 2110.2 (c)

for Control tower operators (specialists), 21129.2

for Dental Corps appointments, 1310 of Deserters, 21117, 2243.4

for Detection of concealed diseases, 12B4.2

Diagnostic procedures in doubtful cases, 218

upon Discharge from service, 21103.3, 21110, 21118, 2221.3

**PHYSICAL EXAMINATIONS\*.**—

*Continued*

for Diving, 12E52.3, 12E52.4, 21134.2, 21134.3

Duties (general) of medical officers, 12B18

Ears, 2129, 2130, 21133.2 (e),

21133.4, 21134.2 (e), (f), 21163

Elimination of certain undesirable classes, 2113.2

of Enlisted personnel:

prior to Retirement, 21118

for Service school attendance, 21121

for Transfer to Fleet Reserve, 21118.3

prior to Transfer to shore duty overseas, 21122

for Enlistment, 12D11, 211.2, 215, 2121-2125, 2164, 21103.1

Equilibrium, aviation personnel, 21165

for Evidence of intoxication, 12B26

Exercises, 2138, 2139, 2157

for Extension of enlistment, Health Record entries, 2221.3

Extremities, 2185

Eyes, 2123-2125, 21104.5, 21104.6, 21150-21162.2, 2237, 3113, 5140

Facts determined by general inspection, 2134

of Federal civil employees, 4165

for Fleet Reserve, transfer to, report, 21118.3

for Flying, Report of. *See* NAVMED-AV-1

of Food handlers, in field, 35A20.1 (e)

General examination, 2134-2139

General instructions, 214-2112

Genito-urinary system and venereal disease, 2178-2182, 21104.9, 21134.2 (j)

Gun director, 21125.2

Gun pointer, 21125.1, 21125.2

Head, 2145

Heart and blood vessels, 2164-2170, 21104.7, 21149.4 (d)

for Hospital Corps enlistment, required, 152.2

by Hospital Corps personnel, 157.10

Inactive personnel, prior to hospitalization, 16B4

Larynx, 2148

of Lookouts, 21126.1

Lungs, 2115.2, 2161, 2162, 21103, 21133.2 (g)

Marine Corps, 2116.3, 2122, 21109

for Marks and scars, 2249.2

\**Note:* Entries under this heading are general in form, and citations are inclusive. For detailed analysis from the point of view of: (1) Personnel status, *see*, such headings as **APPOINTMENT**; **AVIATION PERSONNEL**; **ENLISTMENT**; etc.; (2) specific phase of examination, *see*, such headings as **CHEST**; **EYES**; etc.

**PHYSICAL EXAMINATIONS\*.—***Continued***Medical Corps:**

for Advancement in rank,

12A19, 12A20

for Appointment, 12A9, 12A10,

12A13

Medical history, investigation, 217–  
218Medical history, report when no  
disease is found, 218Mental characteristics of examinee,  
observation of, 217for Motor torpedo boat training,  
21135

Mouth, 2148, 2150.1

of Naval Academy candidates, 2115,  
2128, 21103.1, 2221.3of Naval Academy midshipmen,  
2125.6, 21105of Naval Academy Preparatory  
School candidates, 2115.5, 2221.3Naval Reserve Nurse Corps, report  
at end of probationary period,  
146.2Naval Reserve personnel, 2115.6,  
21139.3

Neck, 2155

Nervous system, 2187, 2188, 2190,  
2191, 21135.2 (k), 21149.4 (g)

Nose, 2148

Nurse Corps officers, 146.2, 1427,  
1434, 21100, 21102, 21106, 21116,  
2221.5

Object of, 213

of Officers:

for Appointment, 12A10, 1310,  
216

for Promotion, 2116

prior to Resignation, discharge,  
dismissal, or retirement for  
age or failure of promotion,  
21110

for Retirement, 2117

Special examinations, 21107

prior to Transfer to overseas  
duty, 21108

Pelvis, 2176, 21101

Perineum, 2176

Pharynx, 2148, 21164

Physical proportions, 2134–2136,  
2197

Precautions to be taken, 217

to Precede mental and professional  
examination, 211.1

of Prisoners, 21120

for Promotion, 2116, 21107, 21109,  
21113, 21114, 2221.1**PHYSICAL EXAMINATIONS\*.—***Continued*Psychiatric examination. *See* **PSY-  
CHIATRIC EXAMINATION**  
for Range-finder operator, 21125.1,  
21125.2

Records:

Enlistment, examination for,  
214, 2112.1

General instructions, 2111, 2112

Main recruiting stations, re-  
ports, 2112.5

Marine recruit depots, 2112.6

Medical history. *See* **NAV-  
MED-H-8**Physical examination. *See*  
**NAVMED-H-2**Physical Examination for Fly-  
ing. *See* **NAVMED-AV-1**Physical Examination, Report  
of. *See* **NAVMED-Y**Recruiting File Records. *See*  
**NAVMED-Xa**

of Rejections, 216, 219, 2112.4

Service Records, 2111

of Substation examinations,  
2112.3

for Reenlistment:

General, 215

Health Record entries, 2221.3  
in Marine Corps, 215, 2120,  
2122

Rejections:

Causes for rejection. *See*  
**PHYSICAL STANDARDS  
(INCLUDING CAUSES  
FOR REJECTION)**for Causes not specifically  
noted, 219Entry on **NAVMED-X**, 2112.4Entry on **NAVMED-Xa**, 2112.2upon Release from active duty,  
roentgenographic examination of  
chest, 21103.3Reports. *See* **NAVMED-AV-1,  
NAVMED-H-2, NAVMED-Y**  
of Reserves, Navy enlisted men, ap-  
plicants for appointment as mid-  
shipmen, 2115.6prior to Resignation, discharge, dis-  
missal, or retirement for age or  
failure of promotion (officers),  
21110of Retired officers on detail to  
active duty, 21115

for Retirement:

Enlisted men, 21118

**NAVMED-H-8**, entry, 2221.1

\*Note: Entries under this heading are general in form, and citations are inclusive. For detailed analysis from the point of view of: (1) Personnel status, *see*, such headings as **APPOINTMENT; AVIATION PERSONNEL; ENLISTMENT**; etc.; (2) specific phase of examination, *see*, such headings as **CHEST; EYES**; etc.

**PHYSICAL EXAMINATIONS\*.**—*Continued*for Retirement.—*Continued*

Officers, 2117, 21110

at Shore stations, 12D11

Skin, 2143

for Special duties:

Health Record entries, 2221.1, 2221.3

Other than aviation, entry on

NAVVED—H-3a, 2237.1

Special examinations:

District medical officer's duties, 12D2.7

Instructions for various examinations, 21103-21136

Spine, 2157

for Spotter, 21125.1

Standards for acceptance. *See***PHYSICAL STANDARDS**

for Steward's mates ratings, 21123

Submarine service, 12E48.3, 12E52.1, 21133.1, 21133.4

at Substations, preparation of NAVMED—Xa, 2112.3

Teeth (*see also* **DENTAL EXAMINATIONS**), 214.1, 2150-2154

Throat, 2148

Transfer:

Health Record entries, 2221.3  
from Ship or station to another, 12B12

of Veterans Administration beneficiaries, in connection with disability or pension claims, 4150.5, 4150.7

Waiver of examination:

for Temporary promotion of commissioned or warrant officers, in certain cases, 21113.1

of Wounded commissioned or warrant officers for temporary promotion, 21113.1

for Warrant rank, 216

Weight, 2135

of Women, 21100, 21101.2, 21102

X-ray, use of. *See* **X-RAY EXAMINATIONS****PHYSICAL EXERCISE**, medical officer's responsibility, 12B4.1**PHYSICAL FITNESS:**

of Aviation personnel, 12E40.1, 12E44, 3323

of Civil employees, how determined, 426.1

**PHYSICAL FITNESS.**—*Continued*

Medical Department's responsibility, 112

Medical officer's responsibility, 12B4  
of Submarine crews, duties of medical officers, 12E47.2**PHYSICAL PROPORTIONS:**

Examination, 2134-2136

Naval Academy candidates, 2142

Standards:

for Appointment, 2137, 2141

for Aviation personnel, 21149.4  
(a)

for Combat aircrew personnel, 21141.2 (f) (1), (2)

for Deep-sea diving duty, 21134.2 (b), 21134.3

for Enlistment, 2137, 2140

for Naval Academy candidates, 2115.4, 2142

for Naval Academy preparatory class, 2142.4

for Naval Reserve appointments, 2141.2

for Naval Reserve Officers' Training Corps, 2141.2

for Submarine service, 21133.2  
(m)

Tables:

for Men, 2137

for Women, 2197

**PHYSICAL STANDARDS (INCLUDING CAUSES FOR REJECTION)\*:**

Abdomen, 2175

for Aerographer's mate, 21131

Anal region, 2177

Application of, 2114

for Aviation personnel, 2125.3, 2126.4, 21130, 21131, 21137-21145, 21149-21164

Blood pressure, 2172, 21133.2 (h), 21134.2 (i), 21141.1 (c) (5), 21141.2 (f) (3), 21149.4 (d)

Chest, 2160, 21149.4 (b)

Circulatory system, 21141.2 (a), (c), (g)

of Commissioned officers, in annual physical examination, 21104.3

Control tower operators (specialists), 21129.1

Defects (general):

Description in Service Record, 2111.2

Marine Corps enlistees, description in enlistment papers, 2122

\**Note:* Entries under this heading are general in form, and citations are inclusive. For detailed analysis from the point of view of: (1) Personnel status, *see*, such headings as **APPOINTMENT; AVIATION PERSONNEL; ENLISTMENT**; etc.; (2) specific phase of examination, *see*, such headings as **CHEST; EYES**; etc.

**PHYSICAL STANDARDS (INCLUDING CAUSES FOR REJECTION)\*.—Continued**

- Defects (general).—*Continued*  
 Minor defects requiring notation, 2110.2 (a)  
 in Reenlistment candidates, procedure, 215  
 Slight defects, significance, 2113.3  
 Types, with respect to action by examiner, 2110.2  
 Visual acuity, slight errors not cause for rejection, 2124.1  
 Waivers. *See* **PHYSICAL STANDARDS**—Waivers of defects  
 Wholly disqualifying for service, 2110.2 (c)  
 Dental Corps, for appointment, 1310  
 for Diving (deep-sea), 12E52.2, 21134  
 Ears, 2131–2133, 21109.1, 21126–21129, 21133–21135, 21141, 21163  
 Enlisted men, for assignment to certain ratings (buglers, etc.), 21132  
 Equilibrium, aviation personnel, 21141.2 (f) (7), 21141.2 (g), 21165  
 Extremities, 2186  
 Eyes, 2124.1, 2126–2128, 2198, 21109.1, 21125–21129, 21133–21135, 21141, 21150–21162  
 Face, 2147  
 Flight surgeons, 21141.2 (d), (e)  
 Fundamental qualifications of all personnel, 2113  
 Gastro-intestinal system, 21133.2 (i), 21134.2 (k), 21135.2 (i)  
 Genito-urinary system, 2179, 2182.2, 2183, 2184, 21134.2 (j), 21134.3  
 Gun pointers, 21125.2  
 Head, 2146  
 Heart, 2169.1, 2171, 2172, 21133.2 (h), 21134.2 (i), 21149.3, 21149.4 (c), (d)  
 Height, 2137, 2140, 2141, 2197, 21141.2 (f) (1), 21149.4 (a)  
 for Inductees, 2195  
 Interpretation, 213  
 for Lookouts, 21126  
 Lungs, 2163, 21134.2 (g), (h), 21141.2 (f) (3)  
 Marine Corps, for permanent promotion, 21109  
 Marine Corps Reserves, 2114, 2118.2, 2125.1

**PHYSICAL STANDARDS (INCLUDING CAUSES FOR REJECTION)\*.—Continued**

- for Motor torpedo boat training and duty, 21135  
 Mouth, 2149  
 Naval Academy, 2115.4, 2125.3, 2128, 2133, 2137, 2142, 2152, 2172, 2194  
 Naval Reserves, 2114, 2118, 2125.1, 2141.2, 2193, 21113.2  
 Neck, 2156  
 Nervous system, 2189, 2192, 2193, 2194, 21134.2 (m), (n), 21135.2 (k), 21141.2 (a), (c), (f) (6), (g)  
 Nose, 2149, 21133.2 (d), 21134.2 (h), 21135.2 (f), 21141.2 (f) (5), 21164  
 Nurse Corps, 145.2 (d), 146.3, 146.4, 2196–21102  
 Overseas duty, 21108, 21122.2  
 Pelvic organs of women, 21101.2  
 Perineum and pelvis, 2177, 21101  
 Pharynx, 2149, 21164  
 Physical proportions, 2137, 2140, 2141, 2142, 21133.2 (m), 21134.2 (b), 21134.3, 21141.2 (f) (1), (2), 21149.4 (a)  
 for Promotion, 322.1, 21109.1, 21113.2–21113.6, 21114  
 Psychiatric standards. *See* **PSYCHIATRIC STANDARDS**  
 Purpose of, 213  
 Range-finder operators, 21125.2, 21125.3  
 Recruiting station personnel, teeth, 21124  
 for Reenlistment, special provisions, 2120  
 Reserves (general), summary in NAVMED–216, 2195  
 Signalmen, 21127  
 Skeletal system, for motor torpedo boat training and duty, 21135.2 (h)  
 Skin, 2143, 2144, 21133.2 (l) 21134.2 (j), 21135.2 (j)  
 for Sonarmen, 21128  
 Special ratings, candidates for, 2113.4  
 Special requirements, 21126–21130  
 Speech, 21126.2 (c), 21129.1 (h), 21141.2 (g) (8)  
 Spine, 2158  
 Spotters, 21125.3  
 Steward's mates, applicants for rating of, 21123  
 for Submarine service, 12E50.4, 21133.2–21133.4

\**Note:* Entries under this heading are general in form, and citations are inclusive. For detailed analysis from the point of view of: (1) Personnel status, *see*, such headings as **APPOINTMENT**; **AVIATION PERSONNEL**; **REENLISTMENT**; etc.; (2) specific phase of examination, *see*, such headings as **CHEST**; **EYES**; etc.

**PHYSICAL STANDARDS (INCLUDING CAUSES FOR REJECTION)\*.—Continued**

Summary in NAVMED-216, 2195  
 Teeth, 2150-2154, 2199, 21109.1, 21124, 21133.2 (f), 21134.2 (l) 21135.2 (e), 21149.4 (e)  
 for Temporary appointment, 21111.3, 21112  
 Throat, 2149, 21133.2 (d), 21135.2 (f)  
 Waiver of defects, etc.:  
   for Commission, 2110  
   for Continuance in service, 2110.2 (b)  
   Defects requiring waiver, 2110.2 (b)  
   Disproportion in physical proportions, 2137, 2140.3  
   for Enlistment, 2110.1  
   NAVMED-H-2, entry, 2218  
   NAVMED-Xa, notation on, 2112.7  
   for Reenlistment, 215  
   for Temporary appointment to commissioned or warrant rank, 21111.5  
   for Temporary promotion of commissioned and warrant officers, 21113.3  
   Visual defects in women candidates for Reserve, 2198  
   Weight, variations in, Nurse Corps and Women's Reserve, 2197.2  
 for Warrant officers, in annual examination, 21104.3  
 Weight, 2137, 2140, 2141, 2197, 21133.2 (m), 21134.2 (b), 21134.3, 21141.2 (f) (2), 21149.4 (a)  
 Women:  
   Causes for rejection, 21101  
   for Certain rates and duties, 21131  
   Eyes, 2198  
   General, 2196  
   Height, 2197  
   Pelvic organs, 21101.2  
   Special provisions, 21101  
   Teeth, 2199  
   Weight, 2197

**PHYSIOTHERAPY**, transfers to naval special hospitals for treatment, 16B24.1

**PILOTS (aircraft).** *See* **AVIATION PERSONNEL.**

**PLACE OF BIRTH.** *See* **BIRTHS—**  
 Date and place, recording of.

**PLAGUE:**  
 Deaths from, disinterment and transportation of remains, 3423 (a), (b)  
 Epidemics, special reports, 35D1.1

**Immunization:**  
   Booster immunization, 35B27.3  
   Emergency booster immunization, 35B27.4  
   Initial immunization, 35B27.2  
   Limitation, 35B29  
   Preservation of vaccine, 35B28  
   Requirement (general), 35B27

**Quarantine:**  
   Aircraft quarantine regulations applicable to, 35C14.1  
   Classification of disease as quarantinable, 35C2  
   Communication "not of a type likely to convey infection," instances, 35C8.2  
   Incubation period controlling, 35C3  
   "Q" flag regulations for vessels with medical officers aboard, 35C8.2-35C8.4  
   "Q" flag regulations for vessels with no medical officer aboard, 35C9.4  
   Quarantine declaration certificate, 35C10

Rodent control measures, necessity for, 35B29

**PLANT QUARANTINE:**

Aircraft pilot's declaration (naval aircraft), 35C14.2 (f)

Airplane transportation of plants, etc., across national boundaries, permits, 35C15.1, 35C15.2

Passengers on naval aircraft to be informed of regulations, 35C14.2 (a)

Relative to ships, 35C12

**PLASTIC SURGERY**, hospitals for, 16B20

**PLATINUM SCRAP**, salvaging, 1333.7

**PLEURISY**, examination of, recovered patients, 2161

**PLUMBING FIXTURES:**

in Barracks, requirements, 35A15.3  
 in Berthing spaces afloat, inspection, 35A14

in Naval hospitals, requirements, 35A16.2

**PNEUMONIC PLAGUE**, naval aircraft quarantine regulations, 35C14.2 (e)

\**Note:* Entries under this heading are general in form, and citations are inclusive. For detailed analysis from the point of view of: (1) Personnel status, *see*, such headings as **APPOINTMENT**; **AVIATION PERSONNEL**; **ENLISTMENT**; etc.; (2) specific phase of examination, *see*, such headings as **CHEST**; **EYES**; etc.

**POISONINGS:**

- Circumstances of occurrence, 2311.3
- Classification of, p. 294
- Data, rules, 2318, 2319
- Diagnosis Undetermined, 2316.3
- Drug poisoning, 2319
- General instructions for reporting, 2311.1

**Hazards:**

- General statement, 2321
- List, p. 317
- Key letters, 2313.1 (a)
- NAVMED-H-8, entries upon admission to sick list, 2220.3
- Taking up, method of, 2319
- Warnings to be given of danger, 12B22.7

**POISONOUS DRUGS. See DRUGS.****POISONS:**

- Custody, general instructions, 12B22.3
- in Dental officer's custody, 1333.5
- Instructions in proper handling of to be given to Medical Department personnel, 12B22.7
- Labels, 12B22.3, 12B22.4
- Naval hospital supplies:
  - Executive officer's duties, 16A18.3
  - Nurse Corps officer's duties, 16A34.6
  - Ward medical officer's duties, 16A28.1
- Pharmacy officer to obey regulations, 1516.1
- Safeguards, 12B22.3
- at Shore stations, regulations, 12D19

**POLICE**, hospitalization of officers attending National Police Academy, 4156.3**POLIOMYELITIS**, hospitals designated for special treatment, etc., 16B21**POLITICAL ACTIVITIES**, etc., of civil employees, 426.2-426.4**PORTS**, clean and unclean, from point of view of quarantinable disease, 35C6.2 (b)**POSTAL OFFICER**, 1519**POST-MORTEM EXAMINATION**, when required, etc., 3415**POST OFFICES**, duties of postal officer, 1519**POSTURE**, special attention in examination of candidates for Naval Academy, 2115.2**POULTRY** (dressed), landing by aircraft, 35C15.6**PRECEDENCE OF TITLES**, 2316.6**PRECIOUS METALS:**

- from Dental patient's mouth, return to patient, 1333.8
- Dental supplies, custody, 1333.6

**PRECIOUS METALS.—Continued**

- Scrap, salvaging, duties of dental officers, 1333.7

**PRESCRIPTIONS:**

- Forms to be used, 12B19
- for Narcotic drugs, 12B20
- for Poisonous drugs, 12B21

**PREVENTIVE MEDICINE. See DISEASES—Prevention and control.****PRIMARY DIAGNOSIS**, statement on Line 10, NAVMED-F, 236.3**PRINCE RULE**, use of, 21141.2 (f) (4), 21157.1, 21158.1**PRINT STYLES**, in listing diagnostic titles, 2315.3**PRISM DIVERGENCE TEST**, 21153**PRISONS AND PRISONERS:**

- Cells on ships, Annual Sanitary Report, 35D12 (A) (5)
- Physical examination of naval prisoners, 21120
- Quarterly Sanitary Report, on prison spaces, 35D9 (B)
- Sanitary standards for naval prisons, 35A18
- War prisoners, admission to naval medical facility, 4163

**PRIVATE AVOCATION OR BUSINESS**, disability incurred, not line of duty status, 3221 (d), 3225**PROFESSIONAL EXAMINATIONS:**

- Dental Corps (for analysis, *see* **DENTAL CORPS** — Professional examination), 1311-1314, 1317-1321
- for Hospital Corps, required, 152.2
- Jurisdiction of Bureau of Medicine and Surgery, 115.3
- Medical Corps (for analysis, *see* **MEDICAL CORPS** — Professional examination), 12A9-12A14, 12A19-12A26

**PROFESSIONAL TRAINING**, in naval hospitals. *See* **NAVAL HOSPITALS** — Training of personnel.**PROMOTIONS:**

- of Civil employees. *See* **CIVIL EMPLOYEES** — Promotion
- Dental Corps. *See* **DENTAL CORPS** — Advancement in rank
- Dental examination, 1326.3
- Dental Record, requirement, 2227.1
- Health Records, 2112
- Line of duty status as affecting, 322.1
- Medical Corps. *See* **MEDICAL CORPS** — Advancement in rank
- Medical survey requirement in certain cases, 3311.1
- Notice to medical officer required, 225.5
- Nurse Corps officers, 147

**PROMOTIONS.—Continued****Physical examinations:**

General rule, 2116

Marine Corps officers, consideration of nature of duties, 2116.3

NAVMED—H-8 entry, 2221.1

Opinions of medical examiners, expression and basis, 2116.3 for Permanent promotion, 21109 Required, 2116.1

of Retired commissioned and warrant officers, for temporary promotion, 21114

Special examination in case of illness, etc., since last examination for promotion, 21107 for Temporary promotion, 21113.1

**Physical standards:**

Ears, 2132.2

for Permanent promotion, 21109.1

Syphilis, record of, as disqualification, 2183

for Temporary promotion, 21113.2-21113.6

Visual acuity, 2126.6

Wounds, effect of line of duty status, 322.1

Wounds incurred in service not necessarily cause for exclusion, 2116.2

**PROMPT CHANGES TO NEW TITLES, 2316.7****PROPERTY (NAVAL):***See also* **DENTAL SUPPLIES AND EQUIPMENT; FIRST AID** — Supplies and equipment; **MEDICAL SUPPLIES AND EQUIPMENT; NATIONAL NAVAL MEDICAL CENTER** — Laboratory supplies; **NAVAL HOSPITALS** — Property and supplies

at Shore stations, accountability of medical officers, 12D13

**PROPHYLAXIS, compulsory measures, 12B31.1 (a)****PROSPECTIVE APPLICANTS FOR NAVAL SERVICE:**

Dental treatment of applicants for commission or enlistment, prohibited, 1328.9

Medical treatment, etc., for correction of defects, restrictions, 12B28

**PROSTHETIC APPLIANCES:**

for Civil employees, 4125

for Dependents of naval personnel, not at Government expense, 416.4

**PROSTHETIC APPLIANCES REPORT:**

Instructions, 5134

**PROSTHETIC APPLIANCES REPORT.—Continued**

in Tabulation of Reports, 513

**PROSTHETIC DENTAL TREATMENT. *See* DENTAL TREATMENT — Prosthetic treatment.****PROSTHETIC DENTAL TREATMENT, REPORT OF. *See* NAVMED-L.****PROSTHODONTIA REPORT, MONTHLY. *See* NAVMED-610.****PSEUDO - ISOCHROMATIC PLATES FOR TESTING COLOR PERCEPTION. *See* AMERICAN OPTICAL COMPANY CHARTS.****PSITTACINE BIRDS:**

Importation with reference to psittacosis as a quarantinable disease, 35C2

List, 35C10

on Ships:

Arrival at a U.S. port, procedure, 35C6.2 (e)

Quarantine declaration certificate, 35C10

**PSITTACOSIS, subject to quarantine, 35C2****PSYCHIATRIC EXAMINATION:**

Abnormal autonomic nervous system responses, significance, 2191.3

Approach, 2191.4

of Aviation personnel (in general), scope, etc., 21149.4 (f)

of Deserters, 21117.1

Diagnosis of psychiatric disorders, determining factors, 2191.1

General considerations, 2190

Personality deviations to be watched for, 2191.2

Questioning, procedure and aims, 2191.5, 2191.6

of Recruits, 21119

Signs of normal personalities, 2191.7

**PSYCHIATRIC STANDARDS:***See also* **MENTAL STABILITY** for Appointment, 2193

for Aviation personnel not engaged in control of aircraft, 21141.2 (a), (c), (f) (6), (g)

for Enlistment, 2192

for Naval Academy, 2194

for Naval Reserve officers, 2193

for Submarine service, 21133.2 (a)

**PSYCHIATRIC STUDIES, of Naval Academy candidates, recording, 2115.2****PSYCHIATRIC UNIT:**

Composition and functions, 21119.1, 21119.2

Report of:

Instructions, 5142

in Tabulation of Reports, 513

**PSYCHOLOGICAL TESTS, for aviation personnel, 21137, 21149.2**

**PSYCHOLOGISTS:**

on Aptitude boards, 21119.3  
in Psychiatric units, 21119.2

**PSYCHONEUROSES:**

Identity tag not to show diagnosis, 5117.3

Veterans Administration beneficiaries, hospitalization, 4150.1

Report of Neuropsychiatric Patients. *See* NAVMED-102

**PSYCHOTHERAPY**, transfers to naval special hospitals for treatment, 16B24.1

**PSYCHOTICS:**

Elimination at physical examination, 2113.2

Health Record, procedure, 16B29

Hospitalization:

Admission to St. Elizabeths Hospital and Public Health Service Hospital, Fort Worth, 16B28, 16B29

Attendants during transfer to hospitals, 16B26.1

Deaths in St. Elizabeths Hospital, 16B32

Discharge by medical survey, 16B33

Disposition of patients in St. Elizabeths Hospital, 16B31

Medical survey reports, disposition of cases, 3318.2, 3325

Receipt for patient and his personal effects, at St. Elizabeths Hospital, 16B30

Transfers from naval hospitals and naval special hospitals, restriction, 16A37.2

Transfers to designated hospitals, 16B25

Nursing attention during transfer, 16B26.1

Precautions to be taken during transfer, 16B26.3

Preliminary treatment, 16B25

Veterans, referral to Veterans Administration, 16B25.3

**PUBLIC HEALTH**, duties of staff medical officers of advanced base commands, 12E57 (e)

**PUBLIC HEALTH SERVICE:**

Cooperation with, 12B6.1

Fumigation of ships, 35C4

Hospitals:

*See also* **PUBLIC HEALTH SERVICE HOSPITAL AT FORT WORTH, TEXAS**

Admission of naval personnel, 16B1, 16B35, 311.1

Transfers to, 237.15

Medical facilities, treatment of Navy or Marine Corps personnel, 311.1

Officers, hospitalization, 4155

**PUBLIC HEALTH SERVICE.—**

*Continued*

Quarantine:

relative to Aircraft, requirements, 35C14.2 (f)

Quarantine declaration certificate, 35C10

relative to Ships, procedure, 35C5

Tuberculosis Control Division, notice to, of discharge from service of patients with pulmonary tuberculosis, 16A8.3

**PUBLIC HEALTH SERVICE HOSPITAL AT FORT WORTH, TEXAS:**

Admission to:

Persons eligible, 16B28.3

Records required, 16B29.1

Transfers from naval hospitals, when permitted, 16B25.2

Death of patient, death certificate, 16B32.2, 3410

**PUERTO RICO:—**

a Domestic possession for purposes of quarantine, 35C9.2

Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2

**PULSE.** *See* **HEART** — Pulse rate.

**PUNISHMENT.** *See* **DISCIPLINARY ACTION.**

**PURCHASE REQUISITIONS (S. AND A. FORMS 44 AND 76)**, in Tabulation of Reports, 513

**PYRETHRUM SPRAYS, USE FOR DISINSECTIZATION:**

of Aircraft, 35C17.2

of Ships, 35C11

**Q****"Q" FLAG REGULATIONS:**

Arrival of a ship at a U.S. port, information to be given commanding officer, 35C6.2 (f), 35C6.3

General regulations, 35C7

for Vessels with medical officers aboard, 35C8

for Vessels with no medical officers aboard, 35C9

**QUARANTINE:**

at Advanced base command, duties of staff officers, 12E57 (e)

relative to Aircraft (naval):

Disinsectization of aircraft.

*See* **DISINSECTIZATION**

— of Aircraft

General responsibility, 35C13

Personnel, quarantine of, 35C14

Pilot's declaration, 35C14.2 (f)

Basis of procedures, 35C1

**QUARANTINE.**—*Continued*

Diseases subject to:

Aircraft quarantine regulations, 35C14.1

in General, list, 35C2

Fumigation of ships:

General instructions, 35C4

Quarantine declaration, 35C10

Incubation periods, 35C3

Laws, 35C1

Medical Department's functions, 113.1, 113.3

Ports of call, clean and unclean, 35C6.2 (b)

Quarantine declaration certificate, 35C10

relative to Ships:

Animals, 35C12

Arrival at a U.S. port, procedure, 35C6

Communication "not of a type likely to convey infection," instances, 35C8.2

Disinsectization, 35C11

Naval officers' responsibilities, in general, 35C5

Plant quarantine, 35C12

"Q" flag regulations, general, 35C7

"Q" flag regulations for vessels with medical officers aboard, 35C8

"Q" flag regulations for vessels with no medical officers aboard, 35C9

**QUARANTINE DECLARATION:**

Aircraft:

Instructions, 35C14.2 (f)

in Tabulation of Reports, 513

Ships:

Instructions, 35C10

in Tabulation of Reports, 513

**QUARTERLY DENTAL REPORT.***See* NAVMED-461.**QUARTERLY SANITARY REPORT.** *See* **SANITARY REPORTS**—Quarterly Sanitary Report.**QUARTERMASTERS:**

Motor torpedo boat training and duty, vision standards, 21135.2 (b)

Physical requirements (special), 21130

**QUARTERS:**

for Civil employees, reference to regulations, etc., 4213

for Nurse Corps officers in naval hospitals, 1414

**R****RA (READMISSION):**

ACD cases, 233.3

**RA (READMISSION).**—*Continued*

Definition and usage of term, 233.2

Injuries, 2311.1

Poisonings, 2311.1

Venereal disease cases, entry on NAVMED-H-6, 2241

**RACE:**

Army personnel NAVMED-H-8, entry, 2252.1

Identification records entry, 2249.1

NAVMED-F, statement on, Line 2, 236.3

**RACE DISCRIMINATION**, in civilian employment, prohibited, 426.2**RADARMEN:**

Motor torpedo boat training and duty, visual acuity standards, 21135.2 (b)

Special physical standards for aviation observers, 21141.2 (c)

**RADIOMEN:**

Motor torpedo boat training and duty, visual acuity standards, 21135.2 (b)

Special physical requirements, 21130, 21131

**RADIUM PLAQUE ADAPTOMETER TEST** (for night vision):

Lookouts to be tested, 21126

Score cards to be forwarded monthly, 5140

**RAN (DESERTED):**

Diagnosis Undetermined, disposition as, 238.2 (c)

Disposition of cases, 235.5

**RANGE-FINDER OPERATORS** (physical examination):

for Rating, 21125.1

before Record target practice, 21125.2

**RANGE-KEEPER OPERATORS**, enlisted men assigned as, physical requirements, 21132**RANK**, statement on Line 3, NAVMED-F, 236.3**RATE:**

Change, physical examination entries in Health Record, 2221.3

Statement on Line 3, NAVMED-F, 236.3

**RATION RECORD.** *See* NAVMED-HF-36.**RATIONS.** *See* **FOOD.****RATS:**

Field service sanitation control, plan, 35A20.1 (b)

Importance of control of reservoir hosts, 35B29

Medical officer's responsibility for control, etc., 12B3, 35A13

"Q" flag regulations:

for vessels with medical officers aboard, 35C8.2, 35C8.4

**RATS.**—*Continued*

"Q" flag regulations.—*Continued*  
for Vessels with no medical  
officers aboard, 35C9.5

Quarantine declaration certificate,  
35C10

Quarterly Sanitary Report, shore  
stations and hospitals, 35D9 (D)  
on Ships:

Arrival at a U.S. port, proce-  
dure, 35C6.2 (d)

Deratization certificates rarely  
necessary, 35C4

Indications for fumigation of  
ships, 35C4

**READMISSION.** *See* **RA (READ-  
MISSION).****REAR ADMIRAL:**

Dental Corps, professional exam-  
ination for advancement to rank  
of, 1321

Medical Corps, professional exam-  
ination for advancement to rank  
of, 12A25

**RECAPITULATION OF LEDGER  
ACCOUNTS, REGISTER NO. 3.**  
*See* **NAVMED-569.****RECEIPTS AND EXPENDITURES  
OF MEDICAL DEPARTMENT,  
STATEMENT OF.** *See* **NAV-  
MED-E.****RECEIPTS BY TRANSFER, BY  
APPROPRIATIONS AND  
OTHER SOURCES,** in Tabulation  
of Reports, 513**RECEIPT, TRANSFER, AND STAT-  
US CARD (HOSPITAL  
CORPS).** *See* **NAVMED-HC-3.****RECOMMENDATION FOR HOS-  
PITAL CORPS SPECIALTY  
TRAINING:**

Instructions, 5136

in Tabulation of Reports, 513

**RECORD OFFICER,** 1513**RECORD OFFICE TAB,** 5117.1,  
5117.3**RECORDS:**

of Dental treatment. *See* **DEN-  
TAL TREATMENT**—Records  
Health Records. *See* **HEALTH  
RECORDS**

of Hospitals and dispensaries. *See*  
**HOSPITALS** — Records; **NA-  
VAL HOSPITALS** — Records

Identification records. *See* **IDEN-  
TIFICATION RECORDS**

Medical records. *See* **MEDICAL  
RECORDS**

Naval hospital records. *See* **NA-  
VAL HOSPITALS**—Records

**RECORDS.**—*Continued*

of Physical examinations. *See*  
**PHYSICAL EXAMINA-  
TIONS**—Records

of Prescriptions:

for Narcotic drugs, 12B20.3,  
12B20.4

for Poisonous drugs, 12B21.1

Salvaging, in abandon ship cases,  
12C40 (c)

Transcripts, 12B25.1

Transfer, 12B11

**RECREATION.** *See* **WELFARE  
AND RECREATION.**

**RECRUITING AT NAVAL HOS-  
PITALS,** medical officer in command  
not to act as recruiting officer, 16A7.4

**RECRUITING DUTY PERSON-  
NEL:**

NAVMED-F, procedure, 237.8

NAVMED-582 (Monthly Morbidity  
Report), 35D3.6 (f)

Physical examinations, reports on,  
2112.5

**RECRUITING FILE RECORD.** *See*  
**NAVMED-Xa.****RECRUITING STATIONS:**

Enlisted men assigned to duty, den-  
tal examination, 21124

Reports on physical examinations,  
2112.5

Roentgenographic films of chest ex-  
aminations, forwarding of,  
21103.6 (d) (3)

**RECRUITING STATISTICS.** *See*  
**NAVMED-X.****RECRUITS:**

Dental examination, treatment, etc.,  
at training stations, 1353

Psychiatric examination, 21119

**RECTUM:**

Examination, 2176

Standards for enlistment or ap-  
pointment, 2177

**RECURRENCE:**

of Previous complication, ACD,  
233.3

of Same diagnosis, RA, 233.2

**RED CROSS:**

Hospitalization of personnel, 4153

Maternity and infant care, 4110.2

Psychiatric social workers, 21119.2

Representatives in naval hospitals:

Mess privileges, 16A42.5

Regulations pertaining to,  
where found, 16A45

**RED CROSS FLAG,** over naval hospi-  
tals, in time of war, 16A13.3

**RED LENS TEST,** 21154**REENLISTMENT:**

Age limit, disregarding of, 2120

Dental examination, 1326.3

Fingerprint requirement, 2248.3

Health Record, 2215.3, 2215.4

**REENLISTMENT.—Continued**

at Naval hospitals, powers of medical officer in command, 16A7.4  
Physical defects, recording of, 215  
Physical examination:

Eyes, 2125.1, 2125.2  
General instructions, 215  
Health Record entries, 2221.3

Physically disqualified men, medical survey and discharge, 3315

Physical standards:

Eyes, 2124.1, 2125.1  
Special provisions, 2120

Revaccination required, 35B6.3  
while on Sick list, FS, 233.7 (c)

**REFRACTION OF EYES:**

Civilian refraction, request for authorization, 3113

When required in examination, etc., 21161

**REFUGEES FROM ENEMY ACTION**, hospitalization and dispensary service, 4164.1

**REFUSE DISPOSAL.** *See* **GARBAGE DISPOSAL.**

**REGISTER OF PATIENTS.** *See* **NAVMED-HF-39.**

**REHABILITATION PROGRAM PROGRESS REPORT:**

Requirements, 5137  
in Tabulation of Reports, 513

**RELAPSE:**

ACD cases, 233.3  
RA cases, 233.2

**RELEASE FROM ACTIVE DUTY:**

Dental Record, requirement, 2227.1  
Roentgenographic examinations of chest, 21103.3

**RELIEF WORK (MEDICAL)**, district medical officer's duties, 12D2.9

**RELIGIOUS AFFILIATION**, identification tag notation, 2250

**RELIGIOUS DISCRIMINATION**, in civilian employment, prohibited, 426.2

**RELIGIOUS SERVICES**, at naval hospitals, duties of executive officer, 16A17.5

**REMAINING ("—"):**

Definition and usage of term, 233.8  
NAVMED-F form, 236.4, 236.5

**REMAINS OF DEAD, REPORT OF DISPOSITION AND EXPENDITURES.** *See* **NAVMED-609.**

**REMAINS OF THE DEAD.** *See* **DEATHS**—Preparation of remains; **DEATHS**—Transportation of remains.

**REMARKS.** *See* **NAVMED-F**—Remarks.

**REPORTS:**

ACRO Form B (Monthly Report of Discharged Naval Personnel), 5145

**REPORTS.—Continued**

Action Report, 513

Admission or Discharge of Officer. *See* **NAVMED-HF-1**

Allotment Expenditures and Obligations, Continental. *See* **NAV-MED-B**

Altitude Training Unit, Monthly. *See* **NAVMED-440**

Annual Dental Report, 5130

Annual Sanitary Report from ships, 35D10-35D12

Annual Syphilis Report. *See* **NAV-MED-A**

Application for Headstones (War Department O. Q. M. G. Form No. 623), 5147

Application for Hospitalization or Domiciliary Care (VA Form P-10), 3330.4

Application for Pension (VA Form 526), 3330.4

Aptitude boards, 21119.4

Arsenical reactions, 35D4.2

Assignment and Housing of Hospital Corps, 5131

Binnacle List. *See* **NAVMED-S**

Births, 16A8.4

Blank forms, 512

Board of Medical Survey. *See* **NAVMED-M**

Burial. *See* **NAVMED-601**

Burial overseas, 5138

Caisson Disease, 12E53.2

Cases of asphyxia, 5143

Casualties, 5139

Certificate of Death. *See* **NAV-MED-N**

Civil employees. *See* **ECC FORMS**

Civil Readjustment Progress Card.

*See* **NAVMED-734**

Combined Report of Hospital Corps Personnel. *See* **NAVMED-590**

Consignee of remains of dead, 3425

Copies, 511.3

Counseling Record. *See* **NAV-MED-873**

Critically ill patients, 16A9.2

Daily Personnel. *See* **NAVMED-HF-10**

Death. *See* **DEATHS**—Report of Death

Decommissioning Inventory, 12B11

Dental Operations and Treatment. *See* **NAVMED-K**

Dental treatment, request for special, 3116

Discharged Naval Personnel. *See* **ACRO FORM B**

Dispatch Notification to Next of Kin, 3417-3419

Disposition and Expenditures—Remains of Dead. *See* **NAVMED-609**

**REPORTS.—Continued**

District medical and dental officers, table, 513  
 Diving accidents, 12E53.2  
 Emergency Medical Tag. *See* **NAV-MED-210**  
 Employees' Compensation Commission reports, 4112.2, 4114, 4117, 4123  
 to Federal authorities, of persons with tuberculosis, 16A8.3, 2112.8  
 from Fleet medical and dental officers, tabulation, 513  
 Forwarding, 511.2  
 Hospital Bed Capacity. *See* **NAV-MED-103**  
 of Hospitalization of supernumerary patients, 4169  
 Hospitalization other than naval. *See* **HOSPITALIZATION OTHER THAN NAVAL—Reports**  
 Hospital Ration Notice (S. and A. Form 534), 5146  
 Hospital Ticket. *See* **NAV-MED-G**  
 Hospital Ticket — Women. *See* **NAV-MED-416**  
 Individual Statistical Report of Patients. *See* **NAV-MED-F and Fa.**  
 Industrial Health Report Data Sheet. *See* **NAV-MED-576**  
 Information for Next of Kin. *See* **NAV-MED-HF-61**  
 Information for Next of Kin (Marine Corps), 3444.2  
 Intelligence reports, 35D13-35D16  
 Kahn Test, Monthly. *See* **NAV-MED-623**  
 Killed, wounded, and missing, 12C57  
 Labor Roll Summary (S. and A. Form 184), 513  
 Lettered forms. *See* **NAV-MED...**  
 Low Pressure Chamber Flight Log. *See* **NAV-MED-439**  
 Map or Blueprint of Cemetery, 5132  
 Medical, Dental, and Hospital Treatment Other Than Naval. *See* **NAV-MED-U**  
 of Medical Survey. *See* **MEDICAL SURVEY; NAV-MED-M (REPORT OF BOARD OF MEDICAL SURVEY)**  
 Misconduct Report (S. and A. Form 519), 3213.2  
 Monthly Industrial Health Report, 5133  
 Monthly Morbidity. *See* **NAV-MED-582**  
 Monthly Summary—Medical Care of Dependents. *See* **NAV-MED-669**  
 Monthly Venereal Disease Control Report, 5135

**REPORTS.—Continued**

Morning Report of Sick. *See* **NAV-MED-T**  
 NAVMC-817-QM (Information for Next of Kin—Marine Corps), 3444.2  
 Neuropsychiatric Patients. *See* **NAV-MED-102**  
 Next of kin, letter, 3417.2  
 Night vision tests, 5140  
 Night Vision Training, Monthly. *See* **NAV-MED-589**  
 Numbered forms. *See* **NAV-MED...**  
 Patient Bed Capacities and Patient Census, 5144  
 Patient's Identity Tag. *See* **NAV-MED-70**  
 Payroll of Persons Employed (Standard No. 1073), 4212.4  
 Penicillin Therapy—Early and Latent Syphilis. *See* **NAV-MED-621**  
 Pension claims outstanding, 5141  
 Person with infectious disease, 16A8.2  
 Persons with tuberculosis, 16A8.3, 2112.8  
 Photofluorographic Chest Survey. *See* **NAV-MED-618**  
 Photofluorographic Examinations of Chest, 21103.6 (d)  
 Physical Capacity Appraisal Form. *See* **NAV-MED-872**  
 Physical Examination for Flying. *See* **NAV-MED-AV-1**  
 Physical Examinations. *See* **NAV-MED-Y**  
 Prosthetic appliances, 5134  
 Prosthetic Dental Treatment. *See* **NAV-MED-L**  
 Prosthodontia, Monthly. *See* **NAV-MED-610**  
 Psychiatric unit, 5142  
 Purchase Requisition Afloat (S. and A. Form 44), 513  
 Purchase Requisition Ashore (S. and A. Form 76), 513  
 Quarantine Declaration, Aircraft, 35C14.2  
 Quarantine Declaration, Ship, 35C10  
 Quarterly Dental. *See* **NAV-MED-461**  
 Quarterly Sanitary Report, 35D7-35D9  
 Ration Record. *See* **NAV-MED-HF-36**  
 Recapitulation of Ledger Accounts, Register No. 3. *See* **NAV-MED-569**  
 Receipt, Transfer, and Status Card, Hospital Corps. *See* **NAV-MED-HC-3**

**REPORTS.—Continued**

Recommendation for Hospital Corps Specialty Training, 5136  
 Recruiting File Record. *See* **NAV-MED-Xa**  
 Recruiting Statistics. *See* **NAV-MED-X**  
 Rehabilitation Program Progress Report, 5137  
 Request for Medical Survey, 337-3316  
 Request for Services of Specialists, 3112  
 Requisition and Invoice, Medical Supplies and Equipment. *See* **NAV-MED-4**  
 Responsibility, 511.1  
 Roster Report of the Hospital Corps. *See* **NAV-MED-HC-4**  
 Sanitary reports (annual and quarterly). *See* **SANITARY REPORTS**  
 Sanitary report, notes and data, 35D6  
 Sanitary Report of Ports Visited, 35D15  
 Semi-Annual Dental Officer Personnel. *See* **NAV-MED-785**  
 Special Epidemiological Report, 35D1  
 Special Sanitary Report, 35D8.2  
 Specific Work Request, 513  
 Spinal Fluid Test. *See* **NAV-MED-622**  
 Statement of Capital Investment, 513  
 Statement of Receipts and Expenditures of Medical Department Property, 513  
 Statement of Receipts by Transfer, by Appropriations and Other Sources, 513  
 Statistical Report of Extensive Diving, 12E53.3  
 Storeroom Inventory, Statement of, 513  
 Surgical Operations. *See* **NAV-MED-P**  
 Survey of Property (S. and A. Form 154), 513  
 Survivors of sunken vessels, 35D16  
 Tabulation of, 513  
 Unfavorable inoculant reactions, 35B4  
 Venereal Disease Contact. *See* **NAV-MED-171**  
 Veterans Administration outpatient examination, 4150.5  
 Weekly Dispatch Report of Patient Bed Capacities and Patient Census, 5144  
 Weekly Morbidity. *See* **NAV-MED-172**  
 Weekly Report of Patients, 5111

**REPTILES**, airplane transportation across national boundaries, permits, 35C15.1, 35C15.2  
**REQUEST FOR SPECIAL DENTAL TREATMENT**, 3116  
**REQUEST FOR TREATMENT** (ECC Forms CA-16 and CA-17), 4112.2  
**REQUISITION AND INVOICE, MEDICAL SUPPLIES AND EQUIPMENT.** *See* **NAV-MED-4**  
**RESCUE BREATHING APPARATUS**, training in use of, 12C39.2  
**RESCUED PERSONNEL**, taking aboard and handling, duties of medical officer on ship, 12C42  
**RESCUE OR SALVAGE OPERATIONS:**  
     Examination of divers, 12E52.4  
     Statistical report, when extensive diving is involved, 12E53.3  
**RESCUE PARTIES**, 12C39  
**RESEARCH**, work of Naval Medical Research Institute, 16C9  
**RESERVE OFFICERS TRAINING CORPS (ARMY)**, hospitalization of members, 4145  
**RESERVE PERSONNEL:**  
     *See also* **COAST GUARD RESERVE; FLEET RESERVE; FLEET MARINE CORPS RESERVE; MARINE CORPS RESERVE; NAVAL RESERVE; NAVAL RESERVE NURSE CORPS; WOMEN'S RESERVE**  
     Death of reservist after release from active duty, report of, in Tabulation of Reports, 513  
     Dependents, eligibility for hospitalization and medical care, 415.2 (c)  
     Widows, eligibility for hospitalization and medical care, 415.2 (f)  
**RESIGNATION:**  
     Dental Record, requirement, 2227.1  
     Physical examination prior to, 21110  
**RESPIRATORY SYSTEM:**  
     *See also* **LUNGS**  
     Diseases of:  
         Classification, pp. 288-289  
         Common infectious diseases, p. 284  
**RETIRED PERSONNEL:**  
     Death certificate, 346.1  
     Death gratuity, 323.3  
     Dependents, eligibility for hospitalization and medical care, 415.2 (b), (d)  
     Funeral expenses. *See* **FUNERAL EXPENSES—of Retired personnel**

**RETIRED PERSONNEL.—Cont.**

## Hospitalization:

- at Army and Navy General Hospital, 16B9
- at Army hospitals, 16B4.1, 16B34.1

Army personnel, 4144

Coast Guard personnel, 4149

Emergency officers, 4140

at Government hospitals other than naval, 16B2.1, 16B4

Medical history, recording of, on admission to naval hospital, 2246.2

Psychotic patients, admission to designated hospitals, 16B28.2

at Public Health Service hospitals, 16B35.2

Regular service, 4132

Reserves (Naval and Marine Corps), 4133

Tuberculosis patients, application for admittance to naval hospital, 3328.4 (d)

at Veterans Administration facilities, 16B36.2, 16B36.3 (f)

Medical survey, action by medical officer in U. S. on recommendation for release to inactive duty, 3318.2 (b)

Medical treatment other than naval, 317

Naval Home, admission to:

Eligibility, 16B12.2 (c), (d)

Procedure, 16B13

Physical examinations:

of Enlisted men, for temporary appointment and active duty as officers, 21112

of Officers, for temporary promotion, 21114

Termination of Health Record, 2245

Widows, eligibility for hospitalization and medical care, 415.2 (f)

**RETIREMENT:**

Dental Record, requirement, 2227.1

Invalided from service (IS) cases, 235.4

Line of duty status, effect of, on retirement of officers, 322.2

Medical survey:

of Fleet Reserve or Fleet Marine Corps Reserve personnel, requirement for disability retirement, 3314

Officers (general), recommendations of boards, 3320

Tuberculosis cases, 3328.2

of Nurse Corps officers:

Application and recommendation, 1428

Medical boards, 1429

**RETIREMENT.—Continued**

## Physical examinations:

Civil employees, examination for disability retirement, 21136.5

Enlisted men, 21118

Instructions for conducting examinations of officers, where found, 2117

NAV MED—H—8 entry, 2221.1

Retirement boards, appearance of officers before, 3320.2, 3320.3

for Retirement for age or failure of promotion, 21110

Termination of Health Record, entry on NAV MED—H—2, 2243.1—2243.3

**RETURN TO DUTY**, disposition as D, 235.1 (a)

**RETURN TO FORMER STATUS**, change in diagnosis, taken up as FS, 235.2 (h)

**RHEUMATIC FEVER**, hospitals designated for treatment, etc., 16B22

**RHEUMATIC MITRAL VALVE DISEASE**, when considered present, 2170.2

**RODENTS.** *See* RATS.

**ROENTGENOGRAPHIC EXAMINATIONS:**

of Chest. *See* CHEST—Roentgenographic examination

Other than chest. *See* X-RAY EXAMINATIONS

**ROSTER REPORT OF THE HOSPITAL CORPS.** *See* NAV MED—HC-4.

**S****S (SUBMARINE DUTY):**

List of hazards for which used, p. 313

When used (general statement), 2314.1 (b), 2314.2

**SACRO-ILIAC JOINTS:**

Examination, 2176

Standards, 2177

**SAFETY:**

at Naval hospitals. *See* NAVAL HOSPITALS—Safety

Swimming sites, 35A5

**ST. ELIZABETHS HOSPITAL:**

Admission:

Persons eligible, 16B28.1, 16B28.2

Records required, 16B29.1

Transfers from naval hospitals, when permitted, 16B25.2

Deaths of patients, 16B32.1, 3410

Disposition of patients, 16B31

Health Records of patients, procedure, 16B29

## INDEX

### ST. ELIZABETHS HOSPITAL.— SANITARY REPORTS:

*Continued*

- Receipt for patient and his personal effects, 16B30
- ST. PIERRE (ISLAND):**
  - a Domestic possession for purposes of quarantine, 35C9.2
  - Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2
- ST. THOMAS, V.I.,** disinsection of aircraft arriving from, limitation on requirement, 35C16.4
- SALARIES OF CIVIL EMPLOYEES.** *See* **CIVIL EMPLOYEES—** Pay
- SALINE SOLUTION, NORMAL,** administration, instruction of pharmacist's mates, 157.6
- SALVAGE OPERATIONS.** *See* **RESCUE OR SALVAGE OPERATIONS.**
- S. AND A. FORM 44 (PURCHASE REQUISITION AFLOAT),** in Tabulation of Reports, 513
- S. AND A. FORM 76 (PURCHASE REQUISITION ASHORE),** in Tabulation of Reports, 513
- S. AND A. FORM 154 (SURVEY OF PROPERTY),** in Tabulation of Reports, 513
- S. AND A. FORM 184 (LABOR ROLL SUMMARY),** in tabulation of Reports, 513
- S. AND A. FORM 519 (MISCONDUCT REPORT):**
  - Preparation, etc., 3213.2
  - in Tabulation of Reports, 513
- S. AND A. FORM 534 (HOSPITAL RATION NOTICE):**
  - Cases admitted to hospitals other than naval, 5146.3
  - Deceased personnel cases, 5146.2
  - Deductions from accounts of officers, for rations, 5146.1
  - Fleet Reserve personnel not required in certain cases, 4134
  - Listing of enlisted personnel with officer rank, guide to, 5146.4
  - Not required in certain cases, 4134, 5146.4
  - Preparation, 5146.2
  - Required in cases of:
    - Reserve personnel (Naval Reserve and Marine Corps Reserve), 4133
    - Retired officers or nurses, 4132
    - in Tabulation of Reports, 513
    - To whom forwarded, 5146.5
- SANITARY FIXTURES,** on ships, inspection by fleet medical officer, 12C4.1 (c)
- Annual Sanitary Report from ships:
  - Instructions, 35D10
  - Outline, 35D12
  - Purposes, 35D11
  - Required, 12C24
  - in Tabulation of Reports, 513
- of Fleet and force medical officers, annual reports, 12C7, 35D5
- Intelligence reports. *See* **SANITATION—**Intelligence reports
- Notes, data, etc. for compilation of, duties of medical officers, 35D6
- Quarterly Sanitary Report (shore stations and hospitals):
  - Instructions, 35D7
  - Outline, 35D9
  - Purposes, 35D8.1
  - Required, 12D5
  - in Tabulation of Reports, 513
- Special report:
  - Instructions, 35D8.2
  - in Tabulation of Reports, 513
- Submarine service, 12E51
- in Tabulation of Reports, 513
- SANITATION:**
  - Barracks, standards, 35A15
  - Berthing spaces afloat, standards, 35A14
  - Brigs, inspection, 35A17
  - Cholera prevention, high standards for, 35B26
  - Communicable disease control, duties of medical officer, 35A9
  - Cooperation of naval hospital with military and civil authorities, 16A2
  - District medical officer's duties, 12D2.8
  - Educational measures, 12B5.1
  - Field sanitation, 35A19, 35A20
  - Food supply. *See* **FOOD**
  - Garbage and refuse disposal. *See* **GARBAGE DISPOSAL**
  - General provisions, 35A1, 35A2
  - Hospital standards, 35A16
  - Insect control. *See* **INSECT CONTROL**
  - Instructions, where found, 35A2
  - Intelligence reports:
    - Cooperation with intelligence officers, 35D13
    - Foreign naval medical establishments, 35D14
    - Foreign ports, 35D15
  - Lighting. *See* **LIGHTING**
  - Manuals, etc., establishing standards, 35D11.2
  - Medical Department's functions, 112.2, 113.2
  - Medical officer's responsibility (general), 35A1
  - Naval prisons, standards, 35A18

**SANITATION.—Continued**

Reports. *See* **SANITARY REPORTS**

Rodent control. *See* **RATS**

Sewage disposal. *See* **SEWAGE DISPOSAL**

Ships:

Inspections by fleet medical officer, 12C4.1 (c), 12C5

Intelligence reports, 35D13.1 (e)

Recommendations of fleet medical officer, 12C4.2, 12C6.2

Shore stations:

Intelligence reports, 35D13.1 (e)

Responsibility of medical officer, 12D4

State and city, intelligence reports, 35D13.1 (d)

Submarines, inspection of, 12E48.1

Swimming sites, 35A5

Typhus (epidemic) high standards for prevention of, 35B23

Ventilation, 35A8

Waste disposal. *See* **WASTE DISPOSAL**

Water supply. *See* **WATER SUPPLY**

**SCABIES**, as cause for rejection, 2143

**SCAPHOID FRACTURES**, questioning of candidates re, 2138.2

**SCARLET FEVER**, deaths from, transportation and disinterment of remains, 3423 (a), (b)

**SCARS:**

Death certificate requirement, 344.3 (k)

NAVMED-H-2 entries, 2217, 2249

**SCHNEIDER INDEX TEST (BLOOD PRESSURE)**, 21141.2 (f) (3), 21149.4 (d)

**SCHOOLS:**

*See also* **SERVICE SCHOOLS**

Report of Photofluorographic Chest Survey, 21103.6 (e)

**SCRUB DECKS** in barracks, requirements, 35A15.3 (g)

**SEASICKNESS. See MOTION SICKNESS.**

**SELECTIVE SERVICE INDUCTEES:**

*See also* **INDUCTED PERSONNEL**

Registrants, hospitalization, 4154

**SELF-BALANCING TEST**, 21165.4

**SELF-INFLICTED WOUNDS, ETC.**, as misconduct, 324

**SEMI-ANNUAL DENTAL OFFICER PERSONNEL REPORT. See NAVMED-785.**

**SEPARATION FROM SERVICE:**

*See also* **DISCHARGE FROM SERVICE; RETIREMENT**

Dental Record, requirement, 2227.1

Officers, physical examination prior to, 21110

**SEQUELAE:**

ACD cases, 233.3

C cases, 233.3 (a), (c), 235.2 (b)

Change of diagnosis to be made promptly, 2316.7

NAVMED-H-8 entry upon admission to sick list, 2220.6

of Venereal diseases, diagnostic titles, 2317.2

**SEROLOGICAL TESTS**, NAVMED-H-8 entry, 2225.3

**SERUM SICKNESS**, not reported as poisoning, 2319

**SERVICE, ABSTRACT OF. See NAVMED-H-5.**

**SERVICEMEN'S READJUSTMENT ACT OF 1944**, benefits under, 322.5

**SERVICE OF LEGAL DOCUMENTS** on naval hospital reservations, 16A8.1

**SERVICE RECORDS:**

Approval, 2111.1

Attitude board's report, 21119.4

of Civil employees. *See* **CIVIL EMPLOYEES** — Service records

Description of physical condition of persons with physical disabilities, 2111.2

of Discharge because of "unsuitability for the naval service," 21119.5

Fingerprint, 2248.6

of Hospital corpsmen:

Assignment to special duty, 157.2

Entry upon completion of training course, 157.8

Patients in custody of civil authorities, 2224

Physical examinations of applicants for enlistment, results to be recorded, 215

Preparation when enlistment is made, 2111.1

Punishments assigned by medical officer in command of a naval hospital, 16A7.3

Signature, 2111.1

**SERVICE SCHOOLS**, physical examination of enlisted men detailed for attendance, 21121

**SEWAGE DISPOSAL:**

Medical officer's duties, 35A7

Quarterly Sanitary Reports, shore stations and hospitals, 35D9 (D)

**SEWAGE DISPOSAL.—Continued**

- at Shore stations, duties of medical officer, 12D4.2
- in States and cities, intelligence reports, 35D13.1 (d)

**SEXUALITY (PATHOLOGIC), ETC.,** medical survey reports, final action on cases, 3318.3 (j) (4)**SHAVING BRUSH BRISTLES,** anthrax under quarantine regulations, 35C2**SHIPS:**

- Dental operating room, duties of dental officer, 1348
- Disinsectization, 35C11
- Epidemics, report by medical officer, 35D1
- Flight surgeons, assignments, 12E41
- Fumigation. *See* **FUMIGATION OF SHIPS**

**Inspection:**

- by Fleet medical officer, 12C2—12C6
- by Medical officer of a ship, 12C16
- at Shore stations, 12D18

**Medical Department facilities and personnel, Annual Sanitary Report, 35D12 (E)****Medical officer. *See* **MEDICAL OFFICER OF A SHIP******Quarantine. *See* **QUARANTINE**—relative to Ships****Sanitation. *See* **SANITARY REPORTS; SANITATION**—Ships****Type ships, medical inspection, 12C3.2****Without Medical Department personnel:**

- NAVMEF—F's, 237.5
- NAVMEF—582, 35D3.6 (c)

**SHIP'S SERVICE DEPARTMENT,** profits, use for welfare and recreation purposes, 16A43.4**SHIP'S SERVICE OFFICER,** duties, etc., 1518**SHIPWRECK REFUGEES,** hospitalization and dispensary service outside the U.S., 4164.1**SHIP YARDS. *See* **NAVY YARDS (SHIP YARDS).******SHOES (ORTHOPEDIC),** for civil employees, 4126**SHORE STATIONS:**

- Civil employees. *See* **CIVIL EMPLOYEES**—of Shore stations
- Complement of Medical Department personnel, duties of medical officer, 12D7
- Deaths. *See* **DEATHS**—at Shore stations
- Dental officer. *See* **DENTAL OFFICER OF A SHORE STATION**

**SHORE STATIONS.—Continued**

- Drug room, 12D19
- Enlisted men, muster and discipline, 12D17
- Epidemics, report by medical officer, 35D1
- Examination of recruits and candidates, 12D11
- Family care, 12D8
- Flight surgeons, assignments, 12E41
- Hygiene, responsibility of medical officer, 12D4
- Industrial Health Report (Monthly), 12D6
- Medical officer. *See* **MEDICAL OFFICER OF A SHORE STATION**
- Medical supplies, inspection, 12D14
- Personnel, responsibility of medical officer, 12D4
- Property, accountability for, duties of medical officer, 12D13
- Sanitation. *See* **SANITARY REPORTS**—Quarterly Sanitary Report; **SANITATION**—Shore stations
- Ship inspection, 12D18
- Subordinate officers, reports by medical officer, 12D16

**SHOULDER,** dislocation, candidates to be questioned, 2138.2**SHOWERS:**

- in Barracks, requirements, 35A15.3 (e)
- in Naval hospitals, requirement, 35A16.2
- on Ships, Annual Sanitary Report, 35D12 (A) (4)

**SICK BAY FACILITIES:**

- Annual Sanitary Report from ships, 35D12 (E) (1)
- Quarterly Sanitary Reports, shore stations and hospitals, 35D9 (B)

**SICK DAYS:**

- Instructions for Line 5, NAVMEF—F, 236.3, 236.4
- of Supernumeraries, computation, 414

**SICK LEAVE:**

- of Civil employees, reference to regulations, 4214
- Intervening disabilities:
  - NAVMEF—F, report on, 237.13
  - NAVMEF—582, report on, 35D3.6 (j)
- of Nurse Corps officers, 1418
- of Officers, medical survey requirements, 3312
- Personnel on sick leave disqualified for temporary appointment or promotion, 21113.6, 21114.2
- Returning patients F'T, 233.4 (b)
- T cases, 235.6 (b)

**SICK LIST:**

*See also* **TAKING UP ON SICK LIST**

Additions to lists (on ships), 12C17.3

Daily report by medical officer of ship, 12C17.1

Dental patients, discharge of, or granting liberty to, 1328.11

Dental treatment of patients, entries on NAVMED-H-8, 2234

Persons continuously on list, medical survey required, 338

**SICKNESS ON LEAVE, NAVMED-H-8** entries, 2223

**SICK PERSONNEL:**

Air transportation. *See* **AVIATION**—Transportation of the sick and wounded by air

Morning Report of. *See* **NAV-MED-T**

on Ships:

Abandon ship, procedure during, 12C40 (b)

Collision, procedure in case of, 12C38

Fire quarters, procedure, 12C37.1

General quarters, procedure, 12C31

at Shore stations, reports of medical officers, 12D10

**SIGNALMEN**, visual standards, 21127

**SKELETAL SYSTEM**, standards for motor torpedo boat training and duty, 21135.2 (h)

**SKIN:**

Complexion, description on NAVMED-H-2, 2216.6

Diseases, classification, pp. 289-290

Examination, 2143

Standards:

for Deep-sea diving duty, 21134.2 (j)

for Enlistment or appointment (general), 2144

for Motor torpedo boat training and duty, 21135.2 (j)

for Submarine service, 21133.2 (i)

**SLOP SINKS** in naval hospitals, requirement, 35A16.2

**SMALLPOX:**

Deaths from, disinterment and transportation of remains, 3423 (a), (b)

Epidemics, reports (special), 35D1

Immunization against:

Initial vaccination, 35B6.2

Naval and Marine Corps Reserve, 35B6.4

Outside U.S., requirements, 35B6.5

Preservation of vaccine, 35B8

**SMALLPOX.—Continued**

Immunization against.—*Continued*

Reactions (type of), and recording, 35B9, 2235.2

Requirement (general), 35B6.1

Revaccination, 35B6.3

Technique of vaccination, 35B7

Who may vaccinate, 35B7

Yellow fever inoculation, not to be concurrent, 35B3.6, 35B18

Yellow fever inoculation to be administered first, 35B18

**Quarantine:**

Aircraft quarantine regulations applicable to, 35C14.1

Classification of disease as quarantinable, 35C2

Communication "not of a type likely to convey infection," instances, 35C8.2

Incubation period controlling, 35C3

Ports, clean and unclean, 35C6.2 (b)

"Q" flag regulations for vessels with medical officers aboard, 35C8.2, 35C8.3

"Q" flag regulations for vessels with no medical officers aboard, 35C9.4

Quarantine declaration certificate, 35C10

**SNELLEN'S TEST LETTERS**, 2124.3, 21150.1

**SOLICITATION OF FUNDS** from civil employees, 4215

**SONARMEN, SPECIAL**, physical requirements, 21128

**SPECIAL ACTIVITIES:**

Advanced base organization. *See* **ADVANCED BASE ORGANIZATION**

Amphibious operations, medical service in, 12E1-12E18

Aviation service. *See* **AVIATION SERVICE**

Diving (deep-sea). *See* **DIVING (DEEP-SEA)**

Field service. *See* **FIELD SERVICE**

Submarine service. *See* **SUBMARINE SERVICE**

**"SPECIAL ASSIGNMENT,"** medical survey reports, 3324

**SPECIAL DUTY**, physical examination for, Health Record entries, 2221.1, 2221.3

**SPECIAL DUTY ABSTRACT.** *See* **NAVMED-H-3a.**

**SPECIAL EPIDEMIOLOGICAL REPORT**, 35D1

**SPECIAL IDENTIFICATION CARD.** *See* **NAVPERS-546.**

**SPECIALISTS' SERVICES:**

for Civil employees, 4123  
 for Dependents of naval personnel,  
 not at Government expense, 416.4  
 Fees, Report of. *See* **ECC FORM S-69**

Refraction of eyes and fitting of  
 glasses, 3113

Request for:

Procedure, 3112

in Tabulation of Reports, 513

When permitted, 3111

**SPECIALIZED TREATMENT, HOSPITALS DESIGNATED FOR:**

Amputations, 16B15

Blindness, 16B16

Deafness, 16B17

Malignancy, 16B18

Naval special hospitals, 16B24

Neurosurgery, 16B19

Plastic surgery, 16B20

Poliomyelitis, 16B21

Rheumatic fever, 16B22

Tuberculosis, 16B23

**SPECIAL MESSES IN NAVAL HOSPITALS, 16A42****SPECIAL NAUTICAL HAZARDS, p. 314****SPECIAL QUALIFICATIONS, abbreviations, for use on NAVMED-HC-3, 517.5****SPECIAL RATINGS, candidates for, physical standards, 2113.4****SPECIAL SANITARY REPORT, 35D8.2****SPECIALTY LETTERS:**

Limitation on use, 2314.2

Purposes for which used, 2314.1

**SPECTACLES, fitting, request for services of civilian specialists, 3113****SPEECH:**

Signs of normal personality, 2191.7

Standards:

for Combat aircrew personnel,  
 21141.2 (f) (8)

for Control tower operators  
 (specialists), 21129.1 (h)

for Lookouts, 21126.2 (c)

**SPINAL CORD INJURIES, hospitals designated for surgical treatment, 16B19****SPINAL FLUID TEST REPORT. *See* NAVMED-622.****SPINE:**

Examination, 2157

Standards, 2158

**SPIRITUAL MINISTRATIONS, to naval hospital patients, 16A16.2****SPLEEN:**

Diseases of, classification, pp. 281-282

Observation when symptoms of enlargement are present, 2174

**SPOTTERS:**

Enlisted men assigned as, physical requirements, 21132

Vision standards, 21125.3

**STAFF OFFICERS, visual standards, 2126.2****STATE AGENCIES, cooperation with, 12B6****STATE DEPARTMENT FOREIGN SERVICE, hospitalization of officers, 4151****STATEMENT AGAINST OWN INTEREST, on origin, etc., of disease or injury, null and void, 3231****STATEMENT OF RECEIPTS AND EXPENDITURES OF MEDICAL DEPARTMENT PROPERTY. *See* NAVMED-E.****STATISTICAL REPORT OF EXTENSIVE DIVING, 12E53.3****STATISTICAL REPORTING:**

(For detailed analysis, *see* specific headings, e.g., **AD (ADDITIONAL DIAGNOSIS)**)

Aviation personnel, 2312

Diagnosis Undetermined, 238

Disabilities arising while in desertion status, 2310

Disabilities existing prior to entry into naval service, 239

Disposition from sick list:

Definition and usage of terms, 235

Methods, 234

Individual Statistical Report of Patient, 236

Injuries, 2311

Key letters, 2313

NAVMED-F and NAVMED-Fa, 236

Personnel in unusual status, 237

Poisonings, 2311

Specialty letters, 2314

Taking up on sick list:

Definition and usage of terms, 233

Methods, 232

**STEREOSCOPIC RANGE-FINDER OPERATOR, visual standards, 21125.3****STERILIZERS at battle-dressing stations, requirement, 12C50****STEVENS' FRAME, use in test for hyperphoria, 21152.2****STEWARD'S MATE, application for rating, physical examination, 21123****STILLBIRTHS at naval hospitals, reports to local civil authorities, 16A8.4****STOMACH. *See* GASTRO-INTESTINAL SYSTEM.****STOREROOMS on ships, Annual Sanitary Report, 35D12 (D) (2)****STRAGGLERS:**

Health Records, how obtained, 225.11

**STRAGGLERS.—Continued**

Instructions for Line 7, NAVMED-F, 236.3

while on Sick list, procedure for handling, 235.5

**STRETCHER-BEARERS ON SHIPS:**

Ability to transport wounded, etc., coordination with other preparations for battle, 12C34

for Fire and rescue parties, 12C39

Fire quarters, 12C37

First-aid instruction, 12C27 (c)

General quarters, 12C31

Practice for collision duties, 12C38.3

**STRETCHERS**, by beds of patients in time of collision, 12C38.2

**STRIKES**, restrictions on civil employees, 426.3

**STUDENT NAVAL FLIGHT SURGEONS**, physical standards, 21141.2 (e)

**SUBMARINE PERSONNEL:**

Dental examination after patrol run or prolonged cruise, 12E48.3

Illness due to occupational hazards, procedure, 12E53

Instruction by medical officer in first aid and submarine hygiene, 12E49

Monthly Morbidity Report (NAVMED-582), 35D3.6 (d)

NAVMED-F's, 237.6

Pharmacist's mates, special instruction for independent duty, 12E49.2

Physical examinations:

General instructions, 12E52.1

before and after Patrol run or prolonged cruise, 12E48.3

Preliminary examination, on ships and at shore stations, 21133.1

Supplementary examination, at submarine school, 21133.4

Physical fitness, duties of medical officers, 12E47.2

Physical standards, 21133.2-21133.4

Psychiatric standards, 21133.2 (a)

Specialty letter S for reporting incidental disabilities, 2314.1 (b), 2314.2

Syphilis, history of, disqualification for training, 12E50.4

Veneral diseases, treatment and control, 12E50

**SUBMARINES:**

Annual Sanitary Report, 12E51

Inspection, 12E48

Presence of, Condition III of readiness for action, 12C33

**SUBMARINE SERVICE:**

General duty of medical officers, 12E47

Hazards, classification, p. 313

**SUBSISTENCE:**

Civil employees, reference to regulations, etc., 4213

Nurse Corps officers, 1413

**SUBSISTENCE CHARGES:**

Army officers on active duty, in naval hospitals, 4142

Canadian officers on active duty, in naval hospitals, 4167

Civilian technicians overseas or aboard ships, in naval facilities, 4168.2

Coast Guard officers on active duty, in naval hospitals, 4147

Discharged naval personnel:

in Army or Public Health Service facilities, 16B10

in Naval hospitals, 4138

Naval officers on active duty, in Army or Public Health Service facilities, 16B8, 311.1, 319.3

Public Health Service Commissioned Corps in naval hospitals, 4155

Retired Army personnel in naval hospitals, 4144

Retired naval personnel:

in Army hospitals, 16B9, 16B34.2

in Naval hospitals, 4132, 4134

**SUBSISTENCE DAYS**, Employees' Compensation Commission patients, computation, 414

**SUICIDES:**

Key letter A, 2313.1 (b)

Line of duty status, 3228

**SUPERNUMERARIES:**

American Red Cross personnel, 4153

Application for treatment, method (table), 412

Army personnel. *See* ARMY — Hospitalization in naval facilities

Authority for admission to naval activity for treatment (table), 412

British Embassy and Mission naval personnel, 4161

Cadet nurses, 4141

Canadian military personnel, 4167

Charges for hospitalization, 413

Civil employees. *See* CIVIL EMPLOYEES

Civilian population (general), 4160

Civilians within the continental U.S., aid necessitated by enemy action, 4166

Classes (table), 412

Coast and Geodetic Survey personnel, 4159

Coast Guard personnel:

Enlisted personnel, 4148

Officers, active list, 4147

Retired personnel, 4149

**SUPERNUMERARIES.—Continued**

- Computation of sick days and subsistence days, 414
- Definition, 412
- Dependents of naval and/or Marine Corps personnel. *See* **DEPENDENTS OF NAVAL AND/OR MARINE CORPS PERSONNEL**
- Detailed reports of hospitalization:
  - Table showing requirements, 412
  - Tabulation of Reports, 513
- Discharge from naval hospitals, 16A14.2
- Emergency officers' retired list, 4140
- Ex-naval personnel. *See* **EX-NAVAL PERSONNEL**
- Federal Bureau of Investigation agents, 4156.1, 4156.2
- Federal civil employees, disability examination, 4165
- Fleet Reserves, certain enlisted members, 4134
- Foreign nations' military personnel, 4162
- Foreign Service officers (State Department), 4151
- General responsibility of medical officer re, 411
- Health Records, termination of, 2246
- Marine Corps Reserve personnel:
  - whose Active duty period expires during hospitalization, 4131.1, 4131.2
  - Active duty personnel, 4131.3
  - Retired with pay, 4133
- Maritime Service (U.S.), 4158
- Maternity cases, Women's Reserve and Nurse Corps (discharged members, etc.), 4138
- Monthly Report of Hospitalization, 4169
- Naval Reserve Officers Training Corps, 4139
- Naval Reserve personnel:
  - whose Active duty period expires during hospitalization, 4131.1, 4131.2
  - Active duty personnel, 4131.3
  - Retired with pay, 4133
- NAVMED-Fa's, 236.2 (c)
- Nurse Corps maternity cases (discharged members, etc.), 4138
- Outside the continental U.S., hospitalization and/or dispensary service:
  - Instructions applicable, 4164.3
  - Rates, 4164.2
  - Reimbursement, 4164.3
  - Where provided, 4164.1
  - for Whom provided, 4164.1
- Pensioners (naval), 4135

**SUPERNUMERARIES.—Continued**

- Police officers attending National Police Academy, 4156.3
- Prisoners of war, 4163
- Public Health Service officers, 4155
- Reimbursement for treatment, method and rate (table), 412
- Retained in hospital after discharge on expiration of enlistment, disposed of as D, 235.1 (d)
- Retired personnel:
  - Regular service, 4132
  - Reserves, 4133
- Selective Service registrants, 4154
- Table of classes, etc., 412
- Tubercular patients (enlisted personnel), 3328.4 (b)
- Veterans Administration beneficiaries, 4150
- Women's Reserves, maternity cases among discharged members, etc., 4138

**SUPPLEMENTARY REPORT (ECC FORM):**

- Instructions, 4114.3
- Tabulation of Reports, 513

**SUPPLIES. *See* **DENTAL SUPPLIES AND EQUIPMENT; FIRST AID — Supplies and equipment; MEDICAL SUPPLIES AND EQUIPMENT; NATIONAL NAVAL MEDICAL CENTER — Laboratory supplies; NAVAL HOSPITALS — Property and supplies; SURGICAL SUPPLIES AND EQUIPMENT.******SURGICAL OPERATIONS:**

- Compulsory surgical treatment, 12B31
- Death or disability resulting from, line of duty status, 3227
- at Naval hospitals, responsibility of medical officer in command, 16A9.1
- Naval hospital staff, proficiency, 16A10.2 (b)
- Neurosurgery, hospitals designated for, 16B19
- Nomenclature:
  - Alphabetical list of titles, pp. 309-312
  - General statement, 2320
- Refusal of. *See* **MEDICAL TREATMENT — Refusal of medical and/or surgical treatment**
- Reports:
  - ECC claim (ECC Form CA-78), 4114.2
  - Statistical report. *See* **NAV-MED-P**
- Tetanus toxoid, administration of, after secondary operation, 35B12.4 (b)

**SURGICAL SUPPLIES AND SYPHILIS.—Continued****EQUIPMENT:**

Annual Sanitary Report from ships,  
35D12 (E) (2)

Light over operating table at bat-  
tle-dressing station, 12C49.1

Requirements for battle-dressing  
stations (general), 12C45.2

Sterilizers at battle-dressing sta-  
tions, 12C50

**SURVEY OF PROPERTY (FORM).**

*See* S. AND A. FORM 154.

**SURVIVORS' EXPERIENCES, RE-  
PORTS ON:**

Instructions, 35D16

in Tabulation of Reports, 513

**SUSPECTS, diagnosis of No Disease,  
2316.5 (a), (b).****SWIMMING POOLS, Quarterly San-  
itary Report, shore stations and hos-  
pitals, 35D9 (C)****SWIMMING SITES, duties of medi-  
cal officers, 35A5****SYMPTOMATIC DIAGNOSIS,  
choice of titles, 2316.1****SYPHILIS:**

*See also* **VENEREAL DISEASES**

Adenitis as possible sign, 2155

Annual report. *See* **NAVMED-A**  
in Dental patients, notice to dental  
officer, 12B16.3

Diagnosis, 2222.2

Early and Latent, Penicillin Ther-  
apy Report. *See* **NAVMED-621**

History of, as disqualification for:  
Aviation duty, 21149.3

Commissioned or warrant rank,  
2183

Diving duty, 21134.1

Overseas shore duty, no dis-  
qualification if no further  
treatment is needed (en-  
listed men), 21122.2

Submarine duty training,  
12E50.4

Submarine service, 21133.2 (j)

Naval Academy candidates, record  
of serological test, 2115.2

Recruits who acquired disease prior  
to enlistment, discharge from  
service, 339.2

**Tests:**

Kahn or Wassermann test re-  
quired, 2182, 21100

Limitation on use of Kahn test,  
2222

Monthly Kahn Test Report. *See*  
**NAVMED-623**

Recruits who present positive  
Kahn tests, discharge from  
service in certain cases, 339.2

**Treatment:**

Penicillin Therapy Report—  
Early and Latent Syphilis.  
*See* **NAVMED-621**

**Treatment.—Continued**

Reaction following administra-  
tion of arsenical compound,  
reports, 35D4.2

in Women, Kahn test, 21100

**T****T (TRANSFERRED):**

Convalescent leave cases:

C, AD, T, and FT procedure,  
237.17

General, 233.6 (d)

Diagnosis Undetermined, disposi-  
tion as, 238.2 (c)

Disposition of cases (general),  
235.6

to Foreign hospitals, 237.16

to Hospitals in U.S. other than  
naval, 237.15

Intervening disabilities while on  
sick or convalescent leave, 237.13  
(b)

IS cases, 235.4

NAVMED-F, Line 8, instructions,  
236.3

Officer discharged from naval hos-  
pitals, Health Record, 225.6

to Other than naval hospital, clos-  
ing of Health Record, 228.1 (b)

Personnel temporarily away from  
command, 237.3

**T (TRANSFERRED) (SICK  
LEAVE), Diagnosis Undetermined  
not to be disposed of as, 238.3****TABLES:**

Accommodation power of eyes,  
mean values, 21157.4

Appropriation chargeable for fu-  
neral expenses, 3442.7

Cardiovascular changes, grading of,  
21149.4 (d) (10)

of Physical proportions:

for Men, 2137

for Women, 2197

of Reports, 513

Supernumeraries, 412

**TAKING UP ON SICK LIST:**

Additional Diagnosis. *See* **AD  
(ADDITIONAL DIAGNOSIS)**

Admitted Contributory Disability.  
*See* **ACD (ADMITTED CON-  
TRIBUTORY DISABILITY)**

Definition and usage of terms, 233  
Dental patients, placing on list,  
1328.10

Diagnosis Established or Corrected.  
*See* **EC (DIAGNOSIS ESTAB-  
LISHED OR CORRECTED)**

From Transfer. *See* **FT (FROM  
TRANSFER)**

Illness or injury due to submarine  
or diving duty hazards, 12E53

**TAKING UP ON SICK LIST.—Cont.**

Line of duty status of disability,  
opinion of medical officer to be  
stated, 3220

Methods, 322

Misconduct status, patients in:

Doubtful cases, 3217.2

Early return to duty status,  
3218

Information to be given to pa-  
tients, 326

NAVMED—F, Line 5, instructions,  
236.3

NAVMED—H—5, entry, 2239

NAVMED—H—8 entries, 2220, 2222.1

New Admission. *See* **A (NEW AD-  
MISSION)**

"Not in the line of duty" entry in  
Health Record, 3230

Venereal disease cases, 2222

**TATTOOS**, identification record en-  
tries, 2249.7 (a), (f)-(k), (t)

**TECHNICAL SPECIALTIES**, ab-  
breviations for use on NAVMED—HC—3,  
517.5

**TECHNICIAN EXAMINATIONS**,  
Hospital Corps, limitation of applica-  
tion, 155.4

**TECHNICIANS (CIVILIAN):**

serving Outside the continental  
U.S., hospitalization and/or dis-  
pensary care, 4164.1

serving Where civilian medical  
service is not available, medical  
and dental treatment, 4168.2

serving Within continental U. S.,  
medical care, etc., 4168.1

**TEETH:**

Classification for record purposes,  
2231.1—2231.3

Examination. *See* **DENTAL EX-  
AMINATIONS**

Standards:

for Appointment, 2151

for Aviation personnel (gen-  
eral), 21149.4 (e)

Causes for rejection, 2154

for Deep-sea diving duty,  
21134.2 (1)

for Enlistment, 2150

Explanation, 2153

for Midshipmen, 2152

for Motor torpedo boat train-  
ing and duty, 21135.2 (e)

for Permanent promotion,  
21109.1

for Recruiting station person-  
nel, 21124

for Submarine service, 21133.2  
(f)

for Women, 2199

**TELEROENTGENOGRAPHY**, use  
in examination of heart, 2168

**TEMPERAMENT**, deep-sea diving  
requirements, 21134.2 (m), (n)

**TEMPORARILY AWAY FROM  
COMMAND**, reporting of illness or  
injury, 237.3

**TEMPORARY APPOINTMENT**,  
physical examination, 21111, 21112

**TEMPORARY PROMOTION**, phys-  
ical examination, 2113

**TERMINATION OF SERVICE:**

*See also* **DISCHARGE FROM  
SERVICE; IS (INVALIDED  
FROM SERVICE); RAN (DE-  
SERVED); RETIREMENT;  
SEPARATION FROM SERV-  
ICE**

Health Record, termination of,  
2243.1

**TETANUS:**

Clinical tetanus, treatment with  
antitoxin, 35B15

Immunization against:

Agents (antitoxin and toxoid)  
and their use, 35B12.1, 35B15

Booster immunization, 35B12.3

Emergency booster injections,  
35B12.4

Identification tag record, 2240,  
35B14

Initial immunization, 35B12.2

Outside U.S., 35B12.5

Precautions, 35B13

Preservation of toxoid, 35B16

Requirement (general), 35B12.1

Technique of administering  
toxoid, 35B13

Wounded persons, 35B12.4 (a),  
(c), 35B15

**TETANUS ANTITOXIN**, use of,  
35B15

**TETANUS TOXOID:**

Identification tag, notation of ad-  
ministration on, 2250, 35B14

Preservation, 35B16

Technique of administration, 35B13

When used, 35B12, 35B15

**THORAX:**

Examination, 2161

Standards, 2163

**THROAT:**

Diseases of, classification, p. 282

Examination, 2148

Standards:

for Enlistment or appointment,  
2149

for Motor torpedo boat training  
and duty, 21135.2 (f)

for Submarine service, 21133.2  
(d)

**TITLES OF DISEASES, CONDI-  
TIONS, ETC.** *See* **DIAGNOSTIC  
NOMENCLATURE; SURGICAL  
OPERATIONS** — Nomenclature;  
**VIOLENCE** — Nomenclature of na-  
ture and cause.

**TOES:**

Examination, 2185  
Standards, 2186

**TOILETS:**

in Barracks, requirements, 35A15.3  
in Berthing spaces afloat, inspection, 35A14  
in Naval hospitals, requirement, 35A16.2  
Quarterly Sanitary Report, shore stations and hospitals, 35D9 (C)  
on Ships, Annual Sanitary Report, 35D12 (A) (4)  
State and city sanitation systems, intelligence reports on, 35D13.1 (d)

**TONE DEAFNESS**, disqualification for sonarmen, 21128**TONGUE:**

Causes for rejection, 2149  
Movements to be noted in neurological examination, 2188

**TORPEDO DATA COMPUTERS**, physical requirements for enlisted men assigned as, 21132**TORPEDOMEN (MOTOR TORPEDO BOATS)**, vision standards, 21135.2**TRAFFIC HAZARDS**, at naval hospitals, precautions against, 16A13.1**TRAINING OF OFFICERS AND ENLISTED MEN (GENERAL)**, functions of Bureau of Medicine and Surgery, 115.3**TRAINING STATIONS:**

Dental officers, additional duties, 1353  
Psychiatric units and aptitude boards, 21119

**TRANSCRIPTS OF MEDICAL RECORD**, 12B25.1**TRANSFERRED**. *See* **T (TRANSFERRED)**.**TRANSFERS:**

*See also* **FT (FROM TRANSFER)**; **T (TRANSFERRED)**; **HOSPITALS** — Transfer of patients; **NAVAL HOSPITALS** — Transfers

Army patient received at naval medical unit, Emergency Medical Tag and NAVMED-H-8, 2252.2  
of Casualty after a catastrophe or disaster, statement on Report of Casualties, 5139  
of Civil employees. *See* **CIVIL EMPLOYEES** — Transfer  
Date to be shown in NAVMED-H-5, 2238

to Hospitals other than naval:  
Health Records, custody, 228  
Medical survey reports, forwarding for final action, 3318.3 (1)  
Immunization procedures, 35B2

**TRANSFERS.—Continued**

to Naval or Marine Corps Reserve, disposed of as D, 235.1 (b)

Physical examinations, Health Record entries, 12B12, 2221.3

to Ships or stations:

Health Record entries, 226  
from Other ships or stations, Health Record entry, 12B12

**TRANSPORTATION:**

of Civil employees, for medical treatment, etc., 4127

of Ex-service personnel, to and from Army and Navy General Hospital, expenses to be defrayed by patient, 16B10

to Government hospitals other than naval, expenses not to be paid for inactive or retired personnel, 16B4.2

to Naval Home, furnished only to the destitute, 16B13.3

for Nurses:

when Discharged for misconduct outside U.S., transportation to nearest U.S. port, 1426.2

under Orders to proceed home, payment of expenses, 1426.4

of Remains of the dead. *See* **DEATHS** — Transportation of remains

**T (TRANSFERRED)** cases, report on Line 8, NAVMED-F, 236.3

to and from Veterans Administration facilities, to be supplied for active duty personnel, 16B36.1 (b)

**TRAVEL EXPENSES**. *See* **TRANSPORTATION**.**TRAVEL, OVERSEAS**. *See* **OVERSEAS TRAVEL**.**TROPICAL STATIONS**, limitation on night duty of Nurse Corps officers in naval hospitals, 16A34.10**TRUMPETER**, teeth, standards for enlistment, 2150.3**TRUSSES**, for civil employees, 4126**TUBERCULOSIS**, classification, p. 285**TUBERCULOSIS (PULMONARY):**

Discharged from service cases:

Information to be given to civil authorities, 3329

Report to Public Health Service, in Tabulation of Reports, 513

Report to Public Health Service, requirement, 16A8.3

Evidence of, as cause of separation from service, 21103.2

Hospitals designated for treatment, 16B23

**TUBERCULOSIS (PULMONARY).—Continued**

## Medical survey of patients:

Enlisted personnel, disposition of cases, 3328.4

General, 3328.1

Midshipman cases, disposition of, 3328.3

Officer cases, disposition of, 3328.2

## Signs of:

Causes for suspicion, as revealed in examination of lungs for appointment or enlistment, 2161

Interpretation of signs, 2162

Transfer of patients from ships to hospitals, 12C20.2

Veterans Administration beneficiaries, admission of suspected cases to naval hospital, 4150.1

**TUMORS**, classification, pp. 291–292**TWO OR MORE DISABILITIES**, precedence of titles, 2316.6**TYPHOID FEVER AND PARATYPHOID FEVER, IMMUNIZATION AGAINST:**

Booster immunization, 35B10.3

Composition of vaccine, 35B10.2

Initial immunization, 35B10.2

Outside U.S., requirement, 35B10.4

Preservation of vaccine, 35B11

Requirement (general), 35B10.1

Yellow fever inoculation, timing in relation to, 35B18

**TYPHOID-PARATYPHOID VACCINE:**

Composition of, 35B10.2

Preservation, 35B11

Yellow fever vaccine, relative timing of inoculations, 35B18

**TYPHUS FEVER:**

Control measures, necessity for, 35B23

Deaths from, disinterment and transportation of remains, 3423 (a), (b)

Epidemics, special reports, 35D1

## Immunization:

Areas involved, 35B21

Booster immunization, 35B21.3

Emergency booster immunization, 35B21.4

Initial immunization, 35B21.2

Limitation of immunization, 35B23

Requirement (general), 35B21

## Quarantine:

Communication "not of a type likely to convey infection," instances, 35C8.2

Incubation period controlling, 35C3

**TYPHUS FEVER.—Continued**

## Quarantine.—Continued

Louse-borne typhus, 35C6.2 (b), 35C8.2, 35C8.3, 35C9.4, 35C14.1

Quarantine declaration certificate, 35C10

**TYPHUS VACCINE**, preservation, 35B22

## U

**UNCINARIASIS**, examination for, 2174**UNCLAIMED BODIES**, burial of, 3453**UNDETERMINED DIAGNOSIS.** *See* **DIAGNOSIS UNDETERMINED.****"UNFIT FOR DUTY,"** meaning, when used in medical survey report, 3319.11**"UNFIT FOR SERVICE,"** meaning, when used in medical survey report, 3319.11**UNIFORMS**, of naval hospital enlisted personnel, inspection, 16A19.3**UNITED NATIONS MILITARY PERSONNEL:**

Dental treatment, 4162.2, 5112.3

Hospitalization and dispensary service outside the U.S., 4164.1

**UNITED STATES COAST AND GEODETIC SURVEY.** *See* **COAST AND GEODETIC SURVEY.****UNITED STATES EMPLOYEES' COMPENSATION COMMISSION:**

## Beneficiaries:

Discharge from naval hospitals, 16A14.2

Medical care and treatment.

*See* **CIVIL EMPLOYEES**

—Medical care and treatment of Employees' Compensation Commission beneficiaries

Federal Bureau of Investigation agents, hospitalization at expense of, 4156

Funeral expenses of Reservists, funds for, when death results from injury during peacetime, 3442.5

Reports. *See* **ECC FORMS**

Sick days and subsistence days applicable to patients, 414

**UNITED STATES MERCHANT MARINE.** *See* **MERCHANT MARINE (U.S.).****UNITED STATES NAVAL ACADEMY.** *See* **NAVAL ACADEMY.****UNITED STATES NAVAL DENTAL SCHOOL:**

Assignment to instruction, 16C6

Formation, etc., 16C2

**UNITED STATES NAVAL DENTAL SCHOOL.—Continued**

Instruction:

- Courses (general), 16C5
- Duty status, 16C7
- Postgraduate instruction for dental officers, 1359
- Special courses, 16C8

Staff, 16C4

**UNITED STATES NAVAL HOME.**  
*See* NAVAL HOME.

**UNITED STATES NAVAL HOSPITAL CORPS SCHOOL (WOMEN'S RESERVE):**

- Assignment to instruction, 16C6
- Commissioning, etc., 16C2

Instruction:

- Courses (general), 16C5
- Duty status, 16C7
- Special courses, 16C8

Staff, 16C4

**UNITED STATES NAVAL MEDICAL SCHOOL:**

- Assignment to instruction, 16C6
- Audio-Visual Aids Unit, 16C13

Instruction:

- Courses (general), 16C5
- Duty status, 16C7
- Postgraduate course, 12A16
- Special courses, 16C8

Laboratory service, 16C10

Laboratory supplies, 16C11

Library service, 16C12

Staff, 16C4

**UNITED STATES NAVAL SCHOOL OF HOSPITAL ADMINISTRATION, 16C1, 16C2**

**UNITED STATES PUBLIC HEALTH SERVICE. *See* PUBLIC HEALTH SERVICE.**

**UNOFFICIAL CERTIFICATES OF ILL HEALTH, ETC.,** not to be given by medical officers, 12B24

**UNUSUAL STATUS. *See* PERSONNEL IN UNUSUAL STATUS.**

**URINALS:**

- in Barracks, requirements, 35A15.3 (b)

- Field service sanitation plan, 35A20.1 (b)

- in Naval hospitals, requirement, 35A16.2

- on Ships, Annual Sanitary Report, 35D12 (A) (4)

**URINALYSIS:**

- Albuminuria, procedure on finding, 2179

- in Annual examination of commissioned and warrant officers, 21104.9

- for Deep-sea diving duty, 21134.2 (j)

- Glycosuria, procedure when detected, 2181

**URINALYSIS.—Continued**

- Low specific gravity, procedure, 2180

- Methods, 2178

**V**

**VA FORM P-10 (APPLICATION FOR HOSPITALIZATION OR DOMICILIARY CARE):**

- to Accompany patients transferred to Veterans Administration facilities, 3330.4 (a)

- in Tabulation of Reports, 513

**VA FORM 526 (APPLICATION FOR PENSION):**

- to Accompany patient transferred to Veterans Administration facility, 3330.4 (b)

- in Tabulation of Reports, 513

**VAGRANTS,** elimination at physical examination, 2113.2

**VACCINATION. *See* IMMUNIZATION.**

**VACCINES. *See* IMMUNIZATION—Agents.**

**VARICOCELE,** in commissioned and warrant officers, notation in annual examination, 21104.10

**VARICOSE VEINS:**

- Disqualification for deep-sea diving duty, 21134.2 (1)

- Slight cases, as shown in annual examination of commissioned and warrant officers, notation, 21104.10

**V-BOAT PERSONNEL, NAVMED-582** requirement, 35D3.6 (d)

**VEGETABLE QUARANTINE (SHIPS), 35C12**

**VENEREAL DISEASE ABSTRACT. *See* NAVMED-H-6.**

**VENEREAL DISEASE CONTACT REPORT. *See* NAVMED-171**

**VENEREAL DISEASES:**

*See also* SYPHILIS

- Admission to sick list, 2222

- Classification, pp. 285-286

- Complications, sequelae, etc.:

- Diagnostic titles, 2317.2

- How taken up, 2317.2 (a), (b)

- Contact Report. *See* NAVMED-171

- Cooperation with State and local authorities in control, 12B6, 3329

- Diagnostic titles, 2317

- Discharge from service, information to be given to civil authorities, 3329

- as Disqualification for:

- Steward's mate rating, 21123

- Submarine service, 21133.2 (j)

**VENEREAL DISEASES.—Continued**

## Educational measures:

Duties of medical officers in general, 12B5.1

Submarine crews, instruction in control, 12E50.5

Erroneous diagnosis of chancroid, 2317.3

## Examination for:

Method, 2178

Serologic test for syphilis, 2182

Submarine crews, inspection, 12E50.5

Hospitalization of cases at Army and Navy General Hospital, limitation, 16B7

Identity tag of patient not to show diagnosis, 5117.3

Misconduct status, 324, 3215

Monthly Venereal Disease Control Report:

Instructions, 5135

in Tabulation of Reports, 513

NAVMED-H-8 entries, 2222

Prophylaxis and treatment rooms on ships, Annual Sanitary Report, 35D12 (E) (1)

## Record:

*See also* NAVMED-H-6

Data to be obtained by medical officer, 3215.2

Submarine personnel, regulations affecting, 12E50

**VENTILATION:**

of Barracks, duties of medical officer, 35A8

Medical officer's responsibility (general), 12B3

## of Ships:

Annual Sanitary Report, 35D12 (A) (3)

Medical officer's responsibility, 35A8

**VERMIN:**

as Cause for rejection, 2143

## on Naval aircraft:

Inspection of passengers by medical officer, 35C14.2 (b)

Public Health Service quarantine requirement, when satisfied, 35C14.2 (f)

**VETERANS:***See also* EX-SERVICE PERSONNEL; VETERANS ADMINISTRATION BENEFICIARIES

Benefits affected by line of duty status:

Hospitalization, domiciliary care, and medical treatment, 322.7

Preference in appointments to civil offices, 322.6

Servicemen's Readjustment Act of 1944, 322.5

**VETERANS.—Continued**

Hospitalization and/or domiciliary care:

Line of duty status, effect of, 322.7

Transfer to Veterans Administration facilities, 3330

Pensions. *See* PENSIONS

Preference in appointment, etc., to civilian positions, 424.3

Psychotics, referral to Veterans Administration, 16B25.3

Reinstatement in former positions, 424.4

**VETERANS ADMINISTRATION:**

Dental treatment of personnel, report on (NAVMED-K), 5112.2

Disability benefits, establishment of, assumption of sound condition when entering service, 3222.2

Forms. *See* VA . . .

Out-patient examination, report of:

Instructions, 4150.5

in Tabulation of Reports, 513

Service-aggravated disability, instructions re, 3319.8

**VETERANS ADMINISTRATION BENEFICIARIES:**

Examinations in connection with disability or pension claims, 4150.5, 4150.7

Hospital and/or domiciliary care in Veterans Administration facilities, order of preference, etc., 16B36.3

Hospitalization in naval hospitals:

Authorization, etc., 4150.1

Case numbers, assignment, etc., 4150.2

Cases that may be admitted to naval hospitals, 4150.1

Conduct of transactions, 4150.2

Correspondence, 4150.2

Death of patient, shipment of personal effects, 3428.5

Detailed reports, limitation on requirement, 4150.4

Discipline, 4150.3

during Examinations in connection with pension claims, etc., 4150.5, 4150.7

Funeral expenses of those who die, appropriation chargeable, 3442.6

Out-patient examinations for adjudication of claims, etc., procedure and reports, 4150.5

Out-patient examinations, report of, in Tabulation of Reports, 513

Rations for out-patients, report, 4150.6

Reimbursement, 4150.4

# **VETERANS ADMINISTRATION FACILITIES:**

- Active duty personnel, admission of, 16B36.1
- Application for hospitalization or domiciliary care. *See* **VA FORM P-10**
- Death of patient, notification of next of kin, 3417.8
- Discharge of patients, 16B36.1 (b)
- Eligible veterans, 3330.1
- Line of duty status as affecting treatment in, etc., 322.7
- Priority in treatment, etc., 16B36.3, 3330.2
- Retired naval personnel, admission of, 16B36.2
- Transfers to, 3330
- Transportation expenses incident to admission and discharge, payment for active duty personnel, 16B36.1 (b)
- Tubercular enlisted men, care and treatment of, 3328.4 (a)

## **VIOLENCE:**

- Key letters, 2313.1
- Method of reporting (general instructions), 2311
- Nomenclature of nature and cause:
  - Classified list of hazards, pp. 312-318
  - General statement, 2321

## **VIRGIN ISLANDS:**

- Disinsectization of aircraft arriving from, limitation on requirement, 35C16.4
- a Domestic possession for purposes of quarantine, 35C9.2
- Naval aircraft passengers departing from, quarantine regulations inapplicable to, 35C14.2

## **VISION. *See* EYES; VISUAL ACUITY.**

## **VISUAL ACUITY:**

- Correctibility of defects, and correction with glasses, 2124.5
- Expression as a fraction, 2124.3
- Increase by rest, exercises, etc., 2124.2
- Medical survey finding of defective vision, action by medical officers of naval hospitals in U.S., 3318.2 (e)

### **Standards:**

- Acceptable performance, 2124.4, 2126, 2127
- Aircraft pilots, and flight training candidates, 21150.4
- Antiaircraft gunners, 21125.4
- Aviation cadets, 2126.4
- Aviation personnel in control of aircraft, 21141.1 (b) (1), 21141.1 (c) (1)
- Combat aircrew personnel, 21141.2 (f) (4)

## **VISUAL ACUITY.—Continued**

### **Standards.—Continued**

- Commission in staff corps, 2126.2
- Commission in the line, 2126.1
- Control tower operators (specialists), 21129.1
- Deep-sea diving duty, 21134.2 (c)
- Enlistment, 2127.1
- Gun pointers, 21125.2
- Lookouts, 21126
- Marine Corps, 2126.3
- Mean performance compulsory basis for acceptance or rejection, 213
- Motor torpedo boat training and duty, 21135.2 (b), (c)
- Naval Academy candidates, 2128
- for Permanent promotion, 21109.1
- Range-finder operators, 21125.2, 21125.3
- Slight errors not cause for rejection, 2124.1
- Sonarmen, 21128
- Spotters, 21125.3
- Stereoscopic range-finder operators, 21125.3
- Student naval flight surgeons, 21141.2 (e)
- Submarine service, 21133.2 (b)
- Women, 2193

### **Tests:**

- Apparatus, 21150.1
- Aviation personnel, 21150
- Glasses, removal of, prior to test, 2124.2
- Interpretation of findings, 21150.4
- Precautions, 2124.3, 21150.3
- Procedure (general), 2124.1

## **VISUAL AIDS, Naval Medical School, 16C13**

## **VITAL STATISTICS:**

- Cooperation with other Federal and local agencies, 12B6.1
- Naval hospitals, cooperation with local civil authorities, 16A8.4
- Report of death to civil authorities, 343.2

## **W**

## **WAGES OF CIVIL EMPLOYEES. *See* CIVIL EMPLOYEES—Pay.**

## **WAIVER OF PHYSICAL DEFECTS. *See* PHYSICAL STANDARDS—Waiver of defects.**

## **WAIVER OF PHYSICAL EXAMINATION. *See* PHYSICAL EXAMINATION—Waiver of examination.**

## **WAR CASUALTIES. *See* CASUALTIES.**

**WAR DEPARTMENT O. Q. M. G. FORM 623 (APPLICATION FOR HEADSTONES):**

Preparation, etc., 5147  
in Tabulation of Reports, 513

**WARDS IN NAVAL HOSPITALS.**  
*See* NAVAL HOSPITALS—Wards.

**WARRANT OFFICERS:**

Health Records, opening, 223.1  
Physical examinations:  
Annual, 21104  
Health Record entries, 2221.3  
for Temporary appointments, 21111, 21112  
prior to Temporary promotion, 21113

Physical standards:

in Annual physical examination, 21104.3  
Color perception, 2125.3  
Syphilis, record of, as disqualification, 2183  
Teeth, 2151  
for Temporary promotion, 21113.2, 21113.3, 21113.6

Reserves, physical standards (general), 2118.1, 2118.2

**WASSERMANN TEST.** *See* SYPHILIS—Tests.

**WASTE DISPOSAL:**

Field facilities, 35A19  
Field service sanitation plan, 35A20.1 (b)  
Medical officer's responsibility, 12B3

**WATER CLOSETS.** *See* TOILETS.  
**WATER SUPPLY:**

Cholera prevention measures, 35B26  
of Cities, intelligence reports, 35D13.1 (c), (d)

Field equipment for purification, 35A19

Information concerning (general), duties of Medical Department, 113.4

Medical officer's duties (general), 12B3, 35A4

in Naval hospitals, Quarterly Sanitary Report, 35D9 (C)

on Ships:

Annual Sanitary Report, 35D12 (A) (4)  
at Battle-dressing stations, 12C48  
Inspection regulations, where found, 12C16.2

at Shore stations:

Duty of medical officer, 12D4.2  
Quarterly Sanitary Report, 35D9 (C)

Shortage, rationing, 35A4

on Submarines, inspection by medical officer, 12E48.1

**WEEKLY DISPATCH REPORT OF PATIENT BED CAPACITIES AND PATIENT CENSUS:**

Requirements, 5144  
in Tabulation of Reports, 513

**WEEKLY MORBIDITY REPORT.**  
*See* NAVMED-172.

**WEEKLY REPORT OF PATIENTS (NAVMED-I), 5111**

**WEIGHT:**

Loss of, considered in examination of lungs, 2161

Physical examination procedure, 2135

Recording of, 2135

Standards:

for Aviation personnel (general), 21149.4 (a)

for Combat aircrew personnel, 21141.2 (f) (2)

for Deep-sea diving duty, 21134.2 (b), 21134.8

for Men (general), 2137, 2140, 2141

for Submarine service, 21133.2 (m)

for Women, 2197

Tables:

for Men, 2137

for Women, 2197

**WELFARE AND RECREATION ACTIVITIES:**

Allotment of funds, 16A43.3

Civil employees' welfare, 4216-4219

Disability incurred, line of duty status, 3225, 3226

Medical officer to make recommendations, 12B4.1

Naval hospital activities:

Facilities, arrangements for, duties of executive officer, 16A17.5

Funds, 16A43.3, 16A43.4

Nurse Corps facilities, supervision, 16A32.8

Provision for entertainments, etc., duties of medical officer in command, 16A43.2

Ship's Service officer's duties, 1518.1

Supervision of activities, duties of welfare and recreation officer, 16A43.1

Welfare officer's duties, 1517

Recommendations concerning, duties of medical officers, 12B4.1

**WELFARE AND RECREATION OFFICER, 1517**

**WHISPERED VOICE TEST OF HEARING:**

for Aviation personnel, 21163.2 (a)  
General, 2130

**WIDOWS OF NAVAL PERSONNEL, eligibility for hospitalization and medical care, 415.2 (f)**

**WOMEN:**

Civil employees. *See* **CIVIL EMPLOYEES—Women**  
Diseases, etc., classification, pp. 292-293

Hospital Tickets. *See* **NAVMED-416**

Physical examinations:

*See also* **NURSE CORPS—Physical examinations**  
Kahn and x-ray, 21100  
Pelvic organs, 21101.2  
Special provisions, 21101.1

Physical standards:

*See also* **NURSE CORPS—Physical standards; WOMEN'S RESERVE — Physical standards**

Causes for rejection, 21101.1  
for Certain rates and duties, 21131

General, 2196  
Height, 2197  
Pelvic organs, 21101.2  
Teeth, 2199  
Weight, 2197

**WOMEN'S RESERVE:**

Death gratuity, 323.3  
Maternity care (for discharged members, etc.), 4138

Physical examinations, Kahn and x-ray, 21100

Physical standards:

Eyes, 2198  
General, 2196  
Height, 2197  
Teeth, 2199  
Weight, 2197

Retirement for incapacitation, effect of line of duty status, 322.2

**WORK REQUEST, SPECIFIC**, in Tabulation of Reports, 513

**WOUNDED PERSONS. See CASUALTIES.**

**WOUNDS:**

Gunshot (head), reporting of, 2313.2

Self-inflicted, as misconduct, 324

Service-incurred wounds:

Not necessarily bar to promotion, 2116.2

Report on physical examination of enlisted men prior to discharge or retirement, 21118

Waiver of physical examination of commissioned and warrant officers for temporary promotion, 21113.1

Tetanus toxoid, administration of, 35B12.4 (a), (c), 35B15

**X****X-RAY EXAMINATION:**

of Chest. *See* **CHEST—Roentgenographic examination**

**X-RAY EXAMINATION.—Cont.**

of Flat foot, forwarding of films, 2185

of Heart, 2164.1, 2164.4

of Mouth, nose, and throat, 2148

in Neurological examination, 2188

Reports, 218

Spine, 2157

Transfer of films with patient, NAVMED-H-8 entry, 2225.5

**X-RAY TECHNICIANS**, hospital corpsmen, assignment to special duty as, 157.2

**Y****YARD CRAFT:**

NAVMED-F's, 237.4

Personnel, NAVMED-582, 35D3.6 (b)

**YELLOW FEVER:**

Control, disinsectization of ships, 35C11.1 (a)

Endemicity, areas of, 35B17

Epidemics:

Emergency booster immunization, 35B17.4

Reports (special), 35D1

Immunization against:

Booster immunization, 35B17.3

Emergency booster immunization, 35B17.4

Health Record entries, 35B19

Initial immunization, 35B17.2

Precautions, 35B18

Preservation of vaccine, 35B20

Requirement (general), 35B17.1

Smallpox inoculations, relative timing, 35B3.6, 35B18

Typhoid inoculations, relative timing, 35B18

Who may inject vaccine, 35B18

Prevention, importance of mosquito control, 35A10.1

Quarantine:

Aircraft quarantine, regulations applicable to, 35C14.1

Classification of disease as quarantinable, 35C2

Communication "not of a type likely to convey infection," instances, 35C8.2

Incubation period controlling, 35C3

"Q" flag regulations for vessels with medical officers aboard, 35C8.2, 35C8.3

"Q" flag regulations for vessels with no medical officers aboard, 35C9.4

Quarantine declaration certificate, 35C10

**YELLOW FEVER VACCINE:**

Cowpox vaccine, relative timing of inoculations, 35B3.6, 35B18

Preservation, 35B20

Procurement, 35B5.2





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